

<b>FAMILY LAST NAME</b>				<b>PRIMARY EMAIL</b> for important communication			
<b>ADDRESS</b>				<b>PRIMARY PHONE NUMBER</b> for communication			
				Additional email for communications:			
<b>CITY AND STATE</b>			<b>ZIP CODE</b>		<b>IF ANY OF YOUR CONTACT INFO CHANGES, PLEASE CONTACT US</b>		
<b>FATHER</b> Full Name:				<b>MOTHER</b> Full Name:			
Cell Phone:		Religion:		Cell Phone:		Religion:	
If you are Catholic, please check the sacraments the FATHER has received:				If you are Catholic, please check the sacraments the MOTHER has received:			
<input type="checkbox"/> Baptism		<input type="checkbox"/> Eucharist		<input type="checkbox"/> Confirmation		<input type="checkbox"/> Marriage	
<input type="checkbox"/> Baptism		<input type="checkbox"/> Eucharist		<input type="checkbox"/> Confirmation		<input type="checkbox"/> Marriage	
Language Parents primarily speak:	Child(ren) live with:	<input type="checkbox"/> Both Parents, one household <input type="checkbox"/> Both Parents, two households		<input type="checkbox"/> Father Only <input type="checkbox"/> Mother Only		<input type="checkbox"/> Other Please detail:	

**2024 FAITH FORMATION PROGRAMS** \*All classes will be in person starting September / October 2024 \* More details at mothersetonparish.org

FAMILY FORMATION		CONFIRMATION PREP Year 1 and Year 2		ADAPTIVE NEEDS
1st – 6 <sup>th</sup> and RCIC ES Year 1	2 <sup>nd</sup> grade and RCIC ES Year 2	Middle School: 7 <sup>th</sup> - 8 <sup>th</sup> grade	RCIC MS and HS Sacramental Prep	1st – 12 <sup>th</sup> grade
Once a month parent and student sessions with weekly home lessons. <b>Monday</b> 5:00-6:15 PM: 1 <sup>st</sup> grade and RCIC ES Y1 grades 3,4 & 5 For the baptized or unbaptized students who missed 2 <sup>nd</sup> grade First Communion. 6:30-7:45 PM: 3 <sup>rd</sup> - 6 <sup>th</sup> grade <b>Parent Materials:</b> <input type="checkbox"/> English <input type="checkbox"/> Spanish	Once a month parent and student sessions with weekly home lessons. <b>Wednesday</b> 5:30-7:00 PM 2 <sup>nd</sup> grade RCIC ES Y2 grades 4,5 & 6 For students who completed RCIC ES Y1	Students and occasionally parents meet twice monthly on <b>Monday</b> 7 <sup>th</sup> grade Y1: 6:00-8:00 PM in the McCabe Center 8 <sup>th</sup> grade Y2: 6:00-8:00 PM in the Parish Center (Must pay Confirmation sacramental fee both years)	For the unbaptized <u>and/or</u> students who missed First Communion and/or 8 <sup>th</sup> -grade Confirmation. Students meet twice a month on Wednesdays <b>IN ADDITION</b> to Monday evening Confirmation Prep sessions. Additional sessions are also required the year they receive the sacraments. <b>Wednesday 5:30 – 7:00 PM</b>	Will meet once a month. <b>Monday</b> 5:00-6:15 PM Also fill out supplemental registration form
Is your student currently attending Catholic School? <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Catholic school students must register in 2<sup>nd</sup>, 7<sup>th</sup>, and 8<sup>th</sup> grade for our Sacrament Prep program. No tuition is owed but Sacramental fees do apply. For the box below, write "Sacrament Prep"</b> If yes, which school:				

**REGISTERING STUDENTS** Note the program for which you are registering each student in the last column.

Student Full Name <i>please also note the name he/she goes by, if different</i>	Date of Birth M/D/Y	Grade Fall 2024	Sex (circle)	Was in religion class last year?	Has the student been baptized?	Has received First Communion?	Indicate the specific program from the above list.
			M F	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
			M F	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
			M F	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
			M F	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Is your family registered as members of Mother Seton Parish? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>If NO, please complete a Parish Registration online.</i>					
Do any of your children have <u>medical concerns or food allergies</u> ? Please list: <i>IF NOT, MUST WRITE "NONE"</i>					
Do any of your children have <u>special learning needs/disabilities</u> ? Please list: <i>IF NOT, MUST WRITE "NONE"</i>					
<b>MEDICAL RELEASE AUTHORIZATION:</b>	In the event of an emergency, I authorize the staff of Mother Seton Parish and/or the nearest medical facility to administer immediate medical attention to my child(ren) if necessary and only if unable to contact me. Signed:  _____				
	<table style="width:100%; border: none;"> <tr> <td style="width: 33%; border: none;">Parent/Legal Guardian Signature</td> <td style="width: 33%; border: none;">Name Printed</td> <td style="width: 33%; border: none;">Date Signed</td> </tr> </table>	Parent/Legal Guardian Signature	Name Printed	Date Signed	
Parent/Legal Guardian Signature	Name Printed	Date Signed			
<b>STUDENT PICK-UP AUTHORIZATION:</b>	In the event that I am unable to pick up my child(ren) from Faith Formation, the following people have my permission to do so:				
	<table style="width:100%; border: none;"> <tr> <td style="width: 50%; border: none;">NAME</td> <td style="width: 50%; border: none;">NAME</td> </tr> <tr> <td style="width: 50%; border: none;">PHONE</td> <td style="width: 50%; border: none;">PHONE</td> </tr> </table>	NAME	NAME	PHONE	PHONE
NAME	NAME				
PHONE	PHONE				
<b>REGISTRATION FEES</b>	<b>VOLUNTEERS NEEDED</b> <i>The success of our programs relies on the generosity of our volunteers. Please check the boxes to indicate your interest and availability. All volunteers who are 18+ MUST to be VIRTUS CERTIFIED</i>				
<input type="checkbox"/> One student only Registration Fee	\$150				
<input type="checkbox"/> Two or more students Registration Fee	\$220				
<input type="checkbox"/> Adaptive needs	\$60				
<input type="checkbox"/> Late Fee per family (register after 8/30/24)	\$25				
<b>Additional SACRAMENT FEES:</b>					
<input type="checkbox"/> First Eucharist Fee (2 <sup>nd</sup> graders and RCIC Elementary Year 2 students)	\$60				
<input type="checkbox"/> Confirmation Fee (7 <sup>th</sup> and 8 <sup>th</sup> graders)	\$130				
<input type="checkbox"/> RCIC MS & HS Sacramental Fee per year	\$130				
<b>TOTAL AMOUNT DUE</b>					
<i>Checks payable to <b>Mother Seton Parish Faith Formation</b>. Payment plans are available, please contact our office.</i>					
<b>I am available to lend a helping hand</b>	<b>For the following program(s):</b>				
<input type="checkbox"/> During class time as a <b>Catechist</b>	<input type="checkbox"/> Family Formation				
<input type="checkbox"/> During class time as a <b>Hall Monitor</b>	<input type="checkbox"/> Confirmation Prep MS				
<input type="checkbox"/> Outside of class time for occasional special events, retreats, or projects	<input type="checkbox"/> RCIC MS & HS				
<input type="checkbox"/> During Class as a <b>Small Group leader for Confirmation Prep</b>	<input type="checkbox"/> Sacrament Prep ( Reconciliation and First Communion)				
	<input type="checkbox"/> Adaptive Needs				
<b>Notes:</b>					
Volunteers discount available ONLY for Catechist, Hall Monitor or Small Group Leader if you make a full year Commitment					
By my signature below, I grant permission for my child/ren, to participate in Mother Seton Faith Formation under the guidance and direction of parish employees and/or volunteers from Mother Seton Parish. As parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above named minor(s). I agree on behalf of myself, my child/ren named herein, or our heirs, successors, and assigns, to hold harmless and defend Mother Seton Parish, its officers, directors, employees and agents, and the Archdiocese of Washington, its employees and agents, chaperones, or representatives associated with MSP, from any claim arising from or in connection with my child/children/teen(s) attending programming or in connection with any illness or injury (including death) or cost of medical treatment in connection therewith.					

**Initial:** \_\_\_\_\_ Permission is hereby granted to Mother Seton to use the photographs of and/or quotations from my son/daughter to assist in community awareness, educational efforts, and related public relations efforts that may include brochures, posters, website, and print media.

**Initial:** \_\_\_\_\_ I am the legal parent or legal guardian of the child(ren) and I certify that the information contained on this form is correct.

\_\_\_\_\_  
Parent/Legal Guardian Signature

\_\_\_\_\_  
Name Printed

\_\_\_\_\_  
Date Signed