

MARY QUEEN CHURCH
Faith Formation Family Registration 2019-2020

Registration is complete with ALL of the following:

- ✓ Registration form is completely filled out on both sides.
- ✓ Parent/Guardian Consent Form is completely filled out
- ✓ Registration fee is attached - Make checks out to: Mary Queen Church

Print in Landscape Mode

BEST EMAIL FOR FAMILY (please print) _____

LAST NAME: _____ Best Contact Phone # _____

MAILING ADDRESS: _____

CITY: _____ ZIP: _____ SCHOOL DISTRICT: _____

FATHER/GUARDIAN'S LAST NAME _____ FIRST NAME _____ RELIGION _____

OCCUPATION: _____ WORK# _____ CELL# _____

MOTHER'S/GUARDIAN'S LAST NAME: _____ FIRST NAME _____ RELIGION _____

OCCUPATION: _____ WORK # _____ CELL # _____

Catholic Church Marriage
 Other Marriage
 Separated
 Divorced
 Widowed
 Remarried
 Single/never married
 Registered Parishioner
 Non Parishioner
You must be registered in parish at least 6 months to be considered for parishioner fees

Was your student(s) enrolled in Faith Formation during the 2018-2019 school year? _____ (Name of Parish) _____

1. List each student to be enrolled in Faith Formation below (Include students in PreK-High School)
2. Please check (✓) Sacraments received: **B** = Baptism **R** = Reconciliation **E** = Eucharist **C** = Confirmation
3. Under Baptism (**B**) column write "NC" if **child was baptized in another faith** other than Catholic

Last Name	First Name	Middle Name	Male(M) Female(F)	Birth Date	Grade for Fall 2019	B	R	E	C

Please select a session for each registered student:

4 Yr Olds by 9/1/19	Kindergarten	Elementary (1-5)	Middle School (6th)	EDGE (7 & 8th)	LIFE TEEN (9-12th)
Sunday	___ Tuesday 4:00 pm	___ Tuesday 4:00 pm	___ Tues. 7 pm	___ Wednesday 7:00-8:15 pm	___ Sunday 6:45-8:30 pm
___ Sunday 9:30 am	___ Wednesday 4:00 pm	___ Tuesday 7:00 pm	___ Sunday 9:30-11am		___ Tuesday 7:15-8:35 pm
___ Sunday 11:30 am	___ Wednesday 5:30 pm	___ Wednesday 4:00 pm	(need based only- request in writing)		
	___ Sunday 9:30 am	___ Wednesday 5:30 pm			
	___ Sunday 11:30 am				

___ Home Study Catechesis

Atrium (Special Needs):

___ Sunday 9:30 a.m. or ___ 11:30 a.m.

___ **RCIA Adapted for Children:**

Attach copy of birth certificate – Sun 9:30-11:00 a.m.

Office Use: Faith Direct Charge Cash/ check#	Amount Paid	Date Paid	Balance
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EMERGENCY AND MEDICAL INFORMATION

The Parent/Guardian Consent Form and Liability Waiver must be submitted with this registration form for your child to be registered in Faith Formation.

Session Parent Pass Cards are required by all adults and older siblings for pickup at classroom door (K-2nd Grade).
(PK-6th Grade only): Please list the name(s) of anyone who should **NOT pick up your child** from classroom

(1) _____ 2) _____

AREA OF PARENT VOLUNTEER SERVICE

Many volunteers are needed to make this program a success. Please share your time and talent to work with an age group that you would enjoy.

Check your choice now so that we may alert you to training sessions!

Volunteer's Name _____ Have you had Archdiocesan Safe Environment training in the last five years? Yes ___ No ___

PreK through 6th grade Volunteer Needs:

Catechist _____ (grade & session) _____ Reconciliation/First Eucharist Team _____
Classroom Aide _____ (grade & session) _____ Nursery during CCE _____ Children's Liturgy of Word _____ Office help during CCE session _____
Substitute Catechist _____ grade(s) & sessions _____ Substitute Aide _____ grade(s) & session _____ Office Help during week _____
Special Needs Buddy _____ Guardians –Tuesday Arrival _____ Dismissal-Tuesday _____ Wednesday Arrival _____ Dismissal-Wednesday _____

EDGE (7th & 8th) & LIFE TEEN (9th-12th) Volunteer Needs:

EDGE Core Team _____ EDGE Attendance Keeper _____ EDGE Office Help during week _____
LIFE TEEN Core Team _____ LIFE TEEN Attendance Keeper _____ LIFE TEEN Kitchen Helper _____ LIFE TEEN Office Help during week _____
Confirmation Core Team _____ Confirmation Reception (possibly April, 2020) _____

TUITION AND FEES

<u>Per student rate*</u>	<u>Early</u> <u>by May 30</u>	<u>Regular</u> <u>May 31-August 15</u>	<u>Late</u> <u>after August 15</u>
Parishioner fee	\$50.00	\$65.00	\$100.00 per student-max \$300 per family
Non-Parishioner fee	\$80.00	\$95.00	\$150.00

***Family maximum 3x student rate.** You must be registered in the parish at least 6 months prior to registering for Faith Formation for parishioner fee.

NOTE: Students preparing for Sacraments of First Reconciliation, First Eucharist, or Confirmation will have an additional fee per student.
Retreats/Archdiocesan events/Vacation Bible School are additional costs during the year.

*The pastoral policies of this parish recognize that each student has the right to Catholic formation and guarantees each student enrollment in a Faith Formation program regardless of financial limitation. No student is denied participation due to funding. Scholarship Forms are available upon request but must be submitted in writing to the Faith Formation Office. **Scholarships must be requested before August 15th.***

PARENT /GUARDIAN CONSENT FORM 2019-20

IMPORTANT! THIS PAGE MUST BE SUBMITTED WITH THE REGISTRATION FORM!

To be filled out by the parent or legal guardian of children under 18 years of age.

Print here the names and grades of all the children listed on the registration form

1 _____
Name _____ Grade _____

4 _____
Name _____ Grade _____

2 _____
Name _____ Grade _____

5 _____
Name _____ Grade _____

3 _____
Name _____ Grade _____

6 _____
Name _____ Grade _____

MEDICAL CONSENT/ LIABILITY WAIVER

In the event of an emergency, I hereby give permission to the staff of Mary Queen Catholic Church to seek emergency medical transport or treatment for my child named above. I wish to be advised before further care is given by the hospital or doctor and I understand that all financial obligations are my responsibility.

If I cannot be reached, contact:

Name & Relationship _____ Phone (_____) _____ - _____

Family Doctor _____ Phone (_____) _____ - _____

Insurance Name _____ Group Number _____

Insurance Phone Number (_____) _____ - _____ Check here if not insured

In consideration of my child's participation in _____, I agree on behalf of myself, my child named above, and our heirs, successors, and assigns, to indemnify, hold harmless and defend the Daniel Cardinal DiNardo, Archdiocese of Galveston-Houston, Mary Queen Catholic Church, its pastor or any representative of Faith Formation or Youth Ministry (collectively the "Indemnitees") from any and all injuries, losses or claims arising out of my child's participation in the program. I further agree that if anyone on my child's behalf makes a claim against the Indemnitees, I will indemnify, save, and hold harmless each of the Indemnitees from any litigation, expenses, attorney fees, loss, liability, damage or cost which may incur as a result of such claim.

Signature of Parent /Guardian _____ **Date** _____

Are there any accommodations we need to be aware of (medical, cognitive, developmental, emotional or physical) that will impact the child(ren)'s ability to learn or participate in classroom activities? NO___ YES___

Add child's name when sharing information and please list information on the back of this form. (This will only be shared with your child's catechist)

VIDEO /PHOTOGRAPHY CONSENT

As parent /guardian, I understand that promotional pictures and videos (individual and group) may be taken during Faith Formation classes or Youth Ministry activities. I give permission for my child's pictures (named above) to be used for church promotional materials such as newsletters, web pages, calendars, PowerPoint presentations, or videos to promote or highlight these classes or activities.

Signature of Parent /Guardian _____ **Date** _____

FAITH FORMATION HANDBOOK ACKNOWLEDGEMENT

I am the parent or legal guardian of the child or children named above. I have read the *Faith Formation & Youth Ministry Policies and Guidelines* or had them read to me. I fully understand and accept these policies and guidelines knowingly, freely and willingly.

Primary Contact Number (_____) _____ - _____ Alternate Number (_____) _____ - _____

Evening Number, if different from above (_____) _____ - _____

Parent's Printed Name _____

Signature of Parent /Guardian _____ **Date** _____