

**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:**

<b>4 Yr Olds by 9/1/19</b> _____ Sunday _____ Sunday 9:30 am _____ Sunday 11:30 am	<b>Kindergarten</b> _____ Tuesday 4:00 pm _____ Wednesday 4:00 pm _____ Wednesday 5:30 pm _____ Sunday 9:30 am _____ Sunday 11:30 am	<b>Elementary (1-5)</b> _____ Tuesday 4:00 pm _____ Tuesday 7:00 pm _____ Wednesday 4:00 pm _____ Wednesday 5:30 pm	<b>S.P.A.R.K. (6<sup>th</sup>)</b> _____ Tues. 7 pm _____ Sunday 9:30-11am (need based only- request in writing)	<b>EDGE (7 &amp; 8<sup>th</sup>)</b> _____ Wednesday 7:00-8:15 pm	<b>LIFE TEEN (9-12<sup>th</sup>)</b> _____ Sunday 5:45-7:15 pm _____ Tuesday 7:15-8:30 pm
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\_\_\_\_\_ **Home Study Catechesis**

**Atrium (Special Needs):**

\_\_\_\_\_ Sunday 9:30 a.m. or \_\_\_\_\_ 11:30 a.m.

\_\_\_\_\_ **RCIA-CCA Adapted for Children:**

Sun 9:30-11:00 a.m.

<b>Office Use:</b>	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-2<sup>nd</sup> Grade).  
(PK-6<sup>th</sup> 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 6<sup>th</sup> 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 (7<sup>th</sup> & 8<sup>th</sup>) & LIFE TEEN (9<sup>th</sup>-12<sup>th</sup>) Volunteer Needs:

EDGE Core Team \_\_\_\_\_ EDGE Attendance Keeper \_\_\_\_\_ EDGE Office Help during week \_\_\_\_\_  
LIFE TEEN Core Team \_\_\_\_\_ LIFE TEEN Attendance Keeper \_\_\_\_\_ LIFE TEEN Office Help during week \_\_\_\_\_  
Confirmation Core Team \_\_\_\_\_ Confirmation Reception (possibly April, 2020) \_\_\_\_\_

### TUITION AND FEES

<u>Per student rate*</u>	<u>Early by May 30</u>	<u>Regular May 31-August 15</u>	<u>Late 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 15<sup>th</sup>.*

## **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** \_\_\_\_\_