

2010-
2011

Resurrection Parish Faith
Formation Registration: K-12



Registration Resurrection Parish Faith Formation for Kids and Youth Programs (K-12)

All Faith Formation Gatherings will be held at the Bozeman Catholic Community Center at 210 S. Grand. Please register one or multiple children for the K-12 Faith Formation Program at Resurrection Parish. The program runs from the end of September 2010 through the end of April, 2011. For grades K-5, see our website for calendar and other information at <http://resurrectionfaithformation.shutterfly.com/>. Communications with you will be through email and our website.

Family Information

Mother/Guardian's Name		Father/Guardian's Name	
()	()	()	()
Home Phone	Work Phone	Home Phone	Work Phone
()		()	
Cell Phone	Email	Cell Phone	Email
Address		Address (if different from Mother's)	
City, ST ZIP Code		City, ST ZIP Code	
		Name and Phone of Emergency Contact	

Yes No:

Members of Resurrection Parish?

NOT A MEMBER? Include an extra \$20 for each program for which you are registering children.

REGISTRATION FEES

Thank you for supporting our Faith Formation Program. Programs are funded entirely by registration fees and fundraising events. Your registration fees provide money for instructional expenses, teacher training and resources, sacramental preparation expenses, and facility use. If registration fees cannot be paid, parents are required to donate hours in volunteering in the program.

*For those committed to volunteer on a **weekly** basis, registration fees are waived. Please continue with registering your children. Indicate*

*here if you are volunteering on a **weekly** basis and in what capacity:* Shepherd (K-5 program) Workshop Teacher (K-5 program)

Team Member (Middle School 6-8 program) High School Team Member

	# of Children	\$ Amount
1 -2 children (\$40 each)		
OR 3 or more Children (\$90)		
* Sacramental 1 st Euch/Recon (\$40)		
* Sacramental Confirmation (\$40) Offered every other year. Not offered in 2010-2011 school year.		
INCLUDE EXTRA \$20 PER PROGRAM IF NOT REGISTERED AT RESURRECTION PARISH	TOTAL DUE	

*Sacramental Preparation costs are in addition to registration costs. All children being registered for Sacramental Preparation (1st Eucharist, Reconciliation or Confirmation) must be also registered in the Resurrection Parish Faith Formation Program.

Names of Children Registering	Please specify which program:
1.	<input type="checkbox"/> GradeK-5, or <input type="checkbox"/> Grades 6-8, or <input type="checkbox"/> Grade 9-12
2.	<input type="checkbox"/> GradeK-5, or <input type="checkbox"/> Grades 6-8, or <input type="checkbox"/> Grade 9-12
3.	<input type="checkbox"/> GradeK-5, or <input type="checkbox"/> Grades 6-8, or <input type="checkbox"/> Grade 9-12
4.	<input type="checkbox"/> GradeK-5, or <input type="checkbox"/> Grades 6-8, or <input type="checkbox"/> Grade 9-12
5.	<input type="checkbox"/> GradeK-5, or <input type="checkbox"/> Grades 6-8, or <input type="checkbox"/> Grade 9-12

Please make checks payable to: **Resurrection Parish Faith Formation**

Registration Form and Payments can be dropped off at the church or mailed to:

Resurrection Parish Faith Formation

1725 S 11th Ave

Bozeman, MT 59715-5404

Please continue with filling out specific information about your child(ren).

Child(ren) Information

		<input type="checkbox"/> M <input type="checkbox"/> F
(1) Child's Name	Date of Birth	Gender
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
Grade in School ()	Name of School	Baptized Catholic 1 st Euch/Reconciliation Confirmation
		<input type="checkbox"/> Yes <input type="checkbox"/> No
Cell Phone	Email	Enrolling in Sacramental Prep this year? Name of Sacramental Prep. class you wish to enroll
		<input type="checkbox"/> Yes <input type="checkbox"/> No
Special Learning Needs Please Specify	(optional information) Current IEP	
	TO _____ FROM _____	
Special Dietary Needs/Food Allergies	Type of Transportation to/from Faith Formation (bus, car, walk)	
Special Medical Concerns if any		

I give permission to Resurrection Parish to use pictures of my child involved in activities in Faith Formation gatherings in parish and the Diocese of Helena publications, without identifying the name of my child.

Parent's/Guardian's Signature	Date
<input type="checkbox"/> (By checking this box you acknowledge that you have electronically signed this document)	

		<input type="checkbox"/> M <input type="checkbox"/> F
(2) Child's Name	Date of Birth	Gender
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
Grade in School ()	Name of School	Baptized Catholic 1 st Euch/Reconciliation Confirmation
		<input type="checkbox"/> Yes <input type="checkbox"/> No
Cell Phone	Email	Enrolling in Sacramental Prep this year? Name of Sacramental Prep. class you wish to enroll
		<input type="checkbox"/> Yes <input type="checkbox"/> No
Special Learning Needs Please Specify	(optional information) Current IEP	
	TO _____ FROM _____	
Special Dietary Needs/Food Allergies	Type of Transportation to/from Faith Formation (bus, car, walk)	
Special Medical Concerns if any		

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Parent's/Guardian's Signature	Date
<input type="checkbox"/> (By checking this box you acknowledge that you have electronically signed this document)	

(3) Child's Name		Date of Birth		Gender	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No
Grade in School	Name of School	Baptized Catholic	1 st Euch/Reconciliation	Confirmation	
()		<input type="checkbox"/> Yes <input type="checkbox"/> No			
Cell Phone	Email	Enrolling in Sacramental Prep this year?		Name of Sacramental Prep. class you wish to enroll	
		<input type="checkbox"/> Yes <input type="checkbox"/> No			
Special Learning Needs Please Specify		(optional information) Current IEP			
		TO		FROM	
Special Dietary Needs/Food Allergies		Type of Transportation to/from Faith Formation (bus, car, walk)			
Special Medical Concerns if any					

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Parent's/Guardian's Signature	Date
<input type="checkbox"/> (By checking this box you acknowledge that you have electronically signed this document)	

(4) Child's Name		Date of Birth		Gender	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No
Grade in School	Name of School	Baptized Catholic	1 st Euch/Reconciliation	Confirmation	
()		<input type="checkbox"/> Yes <input type="checkbox"/> No			
Cell Phone	Email	Enrolling in Sacramental Prep this year?		Name of Sacramental Prep. class you wish to enroll	
		<input type="checkbox"/> Yes <input type="checkbox"/> No			
Special Learning Needs Please Specify		(optional information) Current IEP			
		TO		FROM	
Special Dietary Needs/Food Allergies		Type of Transportation to/from Faith Formation (bus, car, walk)			
Special Medical Concerns if any					

I give permission to Resurrection Parish to use pictures of my child involved in activities in Faith Formation gatherings in parish and the Diocese of Helena publications, without identifying the name of my child.

Parent's/Guardian's Signature	Date
<input type="checkbox"/> (By checking this box you acknowledge that you have electronically signed this document)	

Parents are asked to provide basic supplies for their children in grades K-5. Look for this list in the on our website:
<http://resurrectionfaithformation.shutterfly.com/>

Sacramental Preparation Information: 1st Reconciliation/1st Eucharist

Typically, children in 2nd grade receive 1st Reconciliation and 1st Eucharist. Parents are responsible for teaching the lessons and prayers at home, while 2nd grade Shepherds reinforce the lesson themes and practice the prayers at Faith Formation Gatherings. There are six lessons for 1st Reconciliation and eight lessons for 1st Eucharist. A calendar specifying when the lessons should be completed will be available on the K-5 website—<http://resurrectionfaithformation.shutterfly.com/>.

Parents are required to do the following:

- submit a copy of your child’s baptismal certificate to Resurrection Parish by November 1st, if your child was not baptized at Resurrection Parish
- work with your children to complete all lessons (books will be provided for both sacraments)
- help your child learn prayers necessary for each sacrament
- attend the 1st Reconciliation Sacrament with your child (SEE CALENDAR ON WEBSITE) where children will receive the sacrament of reconciliation (must be received before 1st Eucharist)
- attend the 1st Eucharist rehearsal at Resurrection Parish (SEE CALENDAR ON WEBSITE)
- attend 1st Eucharist Sacrament with your child (SEE CALENDAR ON WEBSITE)

STUDENT CONDUCT AND RELEASE STATEMENTS for Students in Grade 6-12

(Both student and parent/guardian must sign)

I, the undersigned, hereby grant permission for my son/daughter (circle one) to attend and participate in grades 6-12 Faith Formation activities held at Resurrection Parish during the 2010-2011 school year. In case of medical emergency, I understand that every effort will be made to contact me. If necessary, and in the event I cannot be contacted or respond, I hereby grant permission for my son/daughter (circle one) to be evaluated, diagnosed, and/or medicated in accordance with standard medical practice by licensed medical personnel. I relieve Resurrection Parish and the Roman Catholic Diocese of Helena of all consequences that may arise as a result of treatment. I will hold harmless and indemnify the Roman Catholic Bishop of Helena, the Diocese of Helena, or representatives associated with Resurrection Parish from any liability in the event of injury. Furthermore, I agree to accept any and all financial responsibility as a result of scheduling treatment for such injuries. My child agrees to abide by all rules and regulations attached to this program. I also understand that if my child violates any of the rules regarding possession or use of alcohol or other drugs, rules related to this code of conduct, or rules governing personal and private property, my child may be required to leave an activity at my own expense. I understand that Resurrection Parish and the Diocese of Helena will not be held liable if my child fails to cooperate with such regulations. My child also understands and agrees that fighting, obscene language, and the use and/or possession of tobacco, alcohol, illegal drugs, and weapons of any kind is not acceptable behavior. If my child should be found in such behavior or in possession of and/or using such substances and/or items, he/she also understands that I/we may be notified and that he/she may be sent home. Program directors have the authority to prohibit video camera or other forms of image-recording devices, as appropriate to prevent distractions or to protect against violating the privacy of participants. Violation of this policy may result in confiscation of such equipment for the duration of an activity, and/or dismissal from an activity. By signing this form I understand that a picture of my child and/or work or projects created by my child (e.g. still pictures, motion pictures, audio recording, video recording, or other reproduction of my child’s image) may be published by Resurrection Parish, The Diocese of Helena, to advance the mission and purpose of the Catholic Church.

M F

Student Name _____ Date _____ Gender _____

Student’s Signature _____ Name of School _____

Parent’s Signature _____ Date _____ Parent’s Signature _____ Date _____

() _____ () _____
 Cell Phone _____ Home Phone _____ Email _____