

2019-2020

VOLUNTEER

FAITH FORMATION

REGISTRATION PACKETS

Registered parishioner families ONLY!
Sign up for a volunteer role,
complete all forms and submit
with payment to the Parish office.

If you are NEW to the parish,
you MUST register as parishioners before volunteering
and registering your child(ren) for Faith Formation.

Please complete a New Parishioner Form
available in the Parish office.

If you are a NEW Volunteer,
you MUST complete an Adult Volunteer Packet
available in the Parish office.



St. Francis of Assisi Catholic Church

2019-2020 VOLUNTEERS ONLY!

FAITH FORMATION REGISTRATION PACKET

Volunteers please read:

Complete the attached forms and submit payment to the Parish office.

Cash or check payable to SFA.

Children will be placed in class(es) when you have signed up for a volunteer role, submitted the registration packet AND payment.

50% discount for the following volunteer roles:

- **Catechist**
- **Catechist Aide**
- **ChristLife Facilitator**
- **Core Team for Life Teen**

1 child	\$100.00	\$50.00
2 children	\$125.00	\$62.50
3 children	\$150.00	\$75.00
4+ children	\$180.00	\$90.00

25% discount for the following volunteer roles:

- **Hall Monitor or Guardian Angel Team**
- **Nursery Attendant**
- **JOURNEY Middle School Food Team**
- **ChristLife Food Team**

1 child	\$100.00	\$75.00
2 children	\$125.00	\$93.75
3 children	\$150.00	\$112.50
4+ children	\$180.00	\$135.00

A Late Fee of \$15 will be charged if registering after September 1, 2019.



St. Francis of Assisi Catholic Church

2019-2020 FAMILY CONTACT INFORMATION FORM

Please complete **one form per family!**

"Parents have the first responsibility for the education of their children. They bear witness to this responsibility first by creating a home where tenderness, forgiveness, respect, fidelity and service are the rule...the home is the natural environment for initiating a human being into solidarity and communal responsibilities." Catechism of the Catholic Church 2223-2224

Family Last Name: _____

Family Contact Information:

Father's name: _____

Mother's name: _____

Address: _____

City/State/Zip: _____

Primary phone: _____

Email: _____

Other languages spoken: _____

Volunteer(s) Name and Role:

List Name(s), Role, Program (Elem, ChristLife , MS, HS,), Day, Time, Grade Level, Class, etc. Be specific please!

Faith Formation Program Fees:

If circumstances prevent you from paying the cost of materials for your children, please contact the parish office at 303-688-3025 and ask to speak to your child's Faith Formation director.

Required Release Forms:

A completed **Activity Release Form** AND a **Media Consent Release Form** is required by the Colorado Springs Diocese from every family with children participating in activities within a parish. Your child(ren) will not be placed in class without these 2 forms on file. See forms attached.



St. Francis of Assisi Catholic Church

2019-2020 FAITH FORMATION REGISTRATION FORM

Complete **one form per child!** Make additional copies as needed.

Child's Full Name: _____

Grade entering in Fall 2019: (circle one)

Pre-K 4yr / 5yr Kindergarten 1st 2nd 3rd 4th 5th 6th 7th 8th 9th 10th 11th 12th

Child's Sacramental Information: A copy of your child's Baptism certificate is required for Sacramental Preparation for First Penance/First Eucharist and Confirmation. These will be collected during Sacrament Prep Orientations. Please indicate Sacraments received. If your child is missing sacraments not received in 2nd or 8th grade, see SFBC below.

☐ Baptism Year: _____ Parish: _____
☐ Penance Year: _____ Parish: _____
☐ Eucharist Year: _____ Parish: _____
☐ Confirmation Year: _____ Parish: _____

Please select from our Faith Formation Classes below. All classes meet once a week.

RCIA C/T (Rite of Christian Initiation for children and teens ages 7 – 17 in need of Sacrament of Baptism)

☐ Sunday 11:00am – 12:30pm

SFBC (Sacrament Formation for Baptized Catholics entering 4th, 5th, 6th, 7th, 8th, 9th, 10th, 11th, 12th grades **who are MISSING more than 2 years of Faith Formation AND** in need of First Sacraments & Confirmation)

☐ Sunday 11:00am – 12:30pm

Elementary Faith & Life (PreK, K, 1st, 2nd, 3rd, 4th, 5th) PreK 4/5 yr. old - Must be 4 yrs. old on/by Oct. 1, 2019

☐ Sunday 4:00pm – 5:15pm

☐ Tuesday 4:45pm – 6:00pm

☐ Wednesday 4:45pm – 6:00pm

Faith Formation for Adults AND Children (Kinder, 1st, 2nd, 3rd, 4th, 5th grades)

Adults will attend the ChristLife program while their children learn Faith & Life in a regular classroom setting from 6:00-7:15pm. A meal is provided 5:30-6:00pm.

☐ Thursday 5:30pm – 7:15pm

Middle School Journey (6th, 7th, 8th)

☐ Tuesday 4:45pm – 6:00pm

☐ Wednesday 4:45pm – 6:00pm

☐ Sunday 4:00pm – 5:15pm

High School Life Teen (9th, 10th, 11th, 12th)

☐ Sunday 6:30pm – 8:30pm

T-shirt size and quantity:

☐ XS # ☐ S # ☐ M # ☐ L # ☐ XL # ☐ XXL #

FOR OFFICE USE – NOTES:



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<input type="checkbox"/> Penance	Year: _____	Parish: _____
<input type="checkbox"/> Eucharist	Year: _____	Parish: _____
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FOR OFFICE USE – NOTES:

ACTIVITY RELEASE & MEDIA CONSENT 2019 – 2020

COMPLETE BOTH SIDES OF THIS FORM!

I consent for any of my children listed below to participate in any activity or trip sponsored by the Diocese of Colorado Springs or its related organizations* (collectively, “the Diocese”). In case of medical need, I authorize the Diocese to arrange for medical or dental services for me and any of my children listed below. I agree that any such expense will be my obligation. Faith Formation classes are considered a Diocesan activity.

I, individually, and in my capacities as parent or guardian of my children: (list name and grade level below)

Please Print: (We offer the following grade levels: Pre-K (4yr. old / 5 yr. old by Oct. 1, 2019) through 12th grade.

Last Name _____	First Name _____	Grade _____	Last Name _____	First Name _____	Grade _____
Last Name _____	First Name _____	Grade _____	Last Name _____	First Name _____	Grade _____
Last Name _____	First Name _____	Grade _____	Last Name _____	First Name _____	Grade _____

waive, release, and indemnify the Diocese and its agents, directors, officers, employees, and volunteers (collectively, the “Released Parties”) from all claims or liability which have arisen or may arise from any Diocesan activity or trip and which involves any damage, loss, or injury to me, my spouse, any of my children, my property, or the property of any of my children. In the same capacities, I promise not to sue any of the Released Parties for any such claims or liability. This waiver, release, indemnification, and promise not to sue, does not apply to claims of criminal conduct or gross negligence.

The Activity Release is revocable prospectively only by a writing signed by me which bears the date that the revocation is delivered to the Diocese.

TO BE SIGNED BY AT LEAST ONE PARENT OR GUARDIAN:

Date _____	Signature: Father _____
Date _____	Signature: Mother _____

Home phone: _____ Work phone: _____ Mobile phone: _____

Email: _____ Secondary Email: _____

Medical Insurance Company and Policy Number: _____

Authorized Medications: _____

Family Physician/Phone: _____

Emergency Contact/Phone: _____

Special considerations or needs (allergies, asthma, etc.) _____

SEE REVERSE TO COMPLETE THE MEDIA CONSENT FORM

* “Related Organizations” includes all Diocesan parishes, missions, schools, and ministries and also Catholic Charities of Colorado Springs, Inc., Partners in Housing, Inc., Ave Maria Catholic School Corporation, and the Catholic Foundation of the Diocese of Colorado Springs, Inc., Queen of Heaven Cemetery.

Location Name: St. Francis of Assisi Catholic Church, Castle Rock, CO**CONSENT FOR RELEASE****INTRODUCTION**

This form is used to obtain written consent for use of a minor's name and/or audio/video depiction from the minor's parent or guardian. The use of any name or likeness is limited to the announcement, acknowledgment of achievement or participation, and information about or promotion of an applicable ministry or event.

CONSENT

Please mark **YES** on the line before any description that you authorize for release/use.

Please mark **NO** on the line before any description that you do NOT authorize for release/use.

Name:

- _____ Use of the minor's name in any publication intended for public distribution. (Social media, website, written work or artwork, television, newspapers, brochures, etc.)
- _____ Use of the minor's name in any publication intended for distribution within the parish, school, or diocese. (bulletin, newsletter, written work or artwork, internal streaming video, bulletin board, other related internal electronic communication, etc.)

Audio/ Video:

- _____ Use of the minor's likeness in any medium intended for public distribution. (Social media, website, written work or artwork, television, newspapers, brochures, etc.)
- _____ Use of the minor's likeness in any publication intended for distribution within the parish, school, or diocese. (bulletin, newsletter, written work or artwork, internal streaming video, bulletin board, other related internal electronic communication, etc.)

PLEASE NOTE: IF YOU WISH TO MAKE ANY CHANGES TO THE ABOVE AUTHORIZATIONS, YOU MUST NOTIFY THE PARISH OFFICE.

Please PRINT the names of all minors included in this Consent:

_____	_____	_____
_____	_____	_____
_____	_____	_____

Printed name of parent/guardian

Signature of parent/guardian

Date