

Please provide Family Last Name: \_\_\_\_\_.

**St. Clare of Assisi Catholic Church**

**3131 El Dorado Blvd.  
Houston, TX 77059**

**2017-2018 Faith Formation & Sacramental Prep Registration Form  
18 Months - 12th Grade**

Welcome to St. Clare of Assisi Catholic Church Faith Formation Program. It is our privilege to accompany your family's faith journey in the upcoming year. There are programs to accommodate all age groups, from 18 Months through High School. **When Registration Form is completed, please turn into Parish Office Monday-Thursday 8:30a.m.— 9:00p.m. or Friday 8:30a.m.— 4 p.m.**

Please read the Registration Form carefully.

In the case that you need further clarification or have questions regarding the Faith Formation, please contact one of the following staff members:

**Sandra Trevino**

18 Months - 8th Grade

Sandra.Trevino@stclarehouston.org

(281) 286-7729 ext. 119

**Chris Stevenson**

9th-12th Grade

Chris.Stevenson@stclarehouston.org

(281) 286-7729 ext. 136

**Alicia Steinkuehler**

6th-12th Grade Assistant

Alicia.Steinkuehler@stclarehouston.org

(281) 286-7729 ext. 121

**Liz Stewart**

Parish Receptionist

Liz.Stewart@stclarehouston.org

(281) 286-7729

**Please provide the information below:**

Was your child(ren) enrolled in Faith Formation during the 2016-2017 school year? **Yes** \_\_\_ **No** \_\_\_.

If the prior year of Faith Formation was not completed at St. Clare, please provide the name of the **Church/School attended:** \_\_\_\_\_

**Address:** \_\_\_\_\_

If your child(ren) attends St. Clare Catholic School, but is a member of a different Parish, please specify name of **Parish:** \_\_\_\_\_

**Address:** \_\_\_\_\_

Please provide the Parent/Guardian information below:

| Please <u>Print</u> <b>LEGIBLY!</b> | Primary Parent/Guardian  | Secondary Parent/Guardian                                      |
|-------------------------------------|--|--|
| First Name                          |  |  |
| Last Name                           |  |  |
| Address                             |  |  |
| City/State/Zip                      |  |  |
| Home Phone                          |  |  |
| Cell Phone                          |  |  |
| Work Phone                          |  |  |
| Email Address                       |  |  |
| Religion                            |  |  |
| Relationship (Please Circle)        | Mother/Father/Guardian/ Grandparent/<br><i>Other Relative:</i> | Mother/Father/Guardian/ Grandparent/<br><i>Other Relative:</i> |
| Preferred Method of Contact:        |  |  |
| Last Name of Child(ren)             |  |  |

Please provide the information below for your child(ren):

If your child was baptized in another faith other than Catholic, indicate "NC" (Non-Catholic) under column B "Baptized"

B-Baptized/R-Reconciliation/E -1st Eucharist /C-Confirmation

| First Name | Middle Name | Birthdate | Grade | Name of School or<br>Home Schooled | T-<br>Shirt<br>Size | Sacraments<br>Received |   |   |   |
|------------|-------------|-----------|-------|------------------------------------|---------------------|------------------------|---|---|---|
|            |             |           |       |                                    |                     | B                      | R | E | C |
|            |             |           |       |                                    |                     |                        |   |   |   |
|            |             |           |       |                                    |                     |                        |   |   |   |
|            |             |           |       |                                    |                     |                        |   |   |   |
|            |             |           |       |                                    |                     |                        |   |   |   |
|            |             |           |       |                                    |                     |                        |   |   |   |

## Liability Waiver

I agree on behalf of myself, my child's other parent if known or living (name of other parent), \_\_\_\_\_, my child name herein, or our heirs, successors, and assigns and defend the Archdiocese of Galveston-Houston, the sponsoring parish (its pastor, youth ministry leader, principal, other agents, etc.) or any representatives associated with the scheduled activity unless the parties involved were careless and negligent.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

## Medical Consent

In the event of an emergency, I hereby give permission to transport my child(ren) to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor.

In the event of an emergency and you are unable to reach me, contact:

Adult's Name \_\_\_\_\_

Phone \_\_\_\_\_

Family Doctor \_\_\_\_\_

Phone \_\_\_\_\_

Family Dentist \_\_\_\_\_

Phone \_\_\_\_\_

Insurance Name \_\_\_\_\_

Group Number \_\_\_\_\_

Insurance Phone Number \_\_\_\_\_

Check here if not insured

Please list medical conditions, medications or allergies; specify which child(ren).

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Please list any of your children who have special needs. Is there any information which would be helpful to the student's catechist?

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\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

## Video/Photography Consent

As parent/guardian, I understand that promotional pictures and videos (individual and group) will be taken during this event. I give permission for my son's/daughter's picture to be used for promotional materials (newsletter, web page, calendars, power point, video, etc.) in highlighting the event. **Check here if you do not consent**

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

**Please select all the Faith Formation Sessions that apply for your child(ren):**

**SUNDAYS**

**WEDNESDAYS**

18 Months—5th Grade / FFF

TIME: Bi-Monthly on Sundays 9:00a.m.—10:45a.m.

PreK 3— 2nd Grade / CFFGS

TIME: Wednesdays 4:45p.m.— 6:00p.m.

3rd—5th Grade / CFF

TIME: Wednesdays 4:45p.m.— 6:00p.m.

6th—8th Grade / C4-S

TIME: Bi-Monthly on Sundays 9:00a.m.—10:45a.m.

6th—8th Grade / C4-W

TIME: Wednesdays 4:45p.m.— 6:00p.m.

9th—10th Grade / THRIVE

TIME: Sundays 6:45p.m.— 8:00p.m.

11th—12th Grade / LEADERSHIP

TIME: Wednesdays 6:00p.m.— 7:30p.m.

- Students must complete one (1) year of Faith Formation prior to registering for Sacramental Preparation.
- Resources for Programs include Catechesis of the Good Shepherd, Finding God by Loyola Press, Archdiocese of Galveston-Houston Catechetical Framework for Lifelong Learning, The Catholic Faith Handbook for Youth, Youth Catechism of the Catholic Church, & the New American Bible, Revised Edition (NABRE).
- Orientation dates and times will be communicated once the Registration Form is submitted.

**If applicable, please select all the Sacramental Prep Programs that apply for your child(ren):**

1st Reconciliation & 1st Eucharist\*

TIME: Monthly **Sundays** 1:00p.m.— 3:00p.m.

AGE: 2nd Grade or Higher **with having completed 1 Year of Faith Formation**

Confirmation\*

TIME: Monthly **Sundays** 6:45p.m.— 8:00p.m.

AGE: Freshman or Higher **with having completed 1 Year of Faith Formation**

\*Parent(s) must contact your child's place of Baptism to request a newly (within 6 months) issued verification of baptism. This same procedure applies to those who were baptized at St. Clare's.

- If your child attended Faith Formation at a different Church/School last year, we will cross-reference the Church/School information provided on page 1 of this Registration Form for verification.
- Requirements for 1st Reconciliation, 1st Eucharist, and Confirmation will be highlighted at their respective Orientations. Dates & times for these Orientations will be communicated via email after Registration is completed.

~Office Use Only~ Copy of Baptismal Certificate Received by: \_\_\_\_\_

## Opportunities for Parents

Our Program relies on parents like yourself to help pass on the Catholic Faith.

We will contact you to discuss in what capacity you are most comfortable in assisting us based on our needs.

**“Each one must give as he has decided in his heart, not reluctantly or under compulsion, for God loves a cheerful giver.” 2 Corinthians 9:7**

### Please check the area(s) that you are interested in:

- |  |  |
|--|--|
| <input type="checkbox"/> Hall Monitor            | <input type="checkbox"/> General Office i.e. prep materials, copies etc. |
| <input type="checkbox"/> Parking Lot Hospitality | <input type="checkbox"/> Teaching  |
| <input type="checkbox"/> Greeters                | <input type="checkbox"/> Attendance                                      |

### Please check the time(s) that you are interested in:

- |  |   |
|--|---|
| <input type="checkbox"/> 18 Months—5th Grade / FFF<br>TIME: Bi-Monthly on Sundays 9:00a.m.—10:45a.m. | <input type="checkbox"/> PreK 3— 2nd Grade / CFFGS<br>TIME: Wednesdays 4:45p.m.— 6:00p.m. |
| <input type="checkbox"/> 6th—8th Grade / C4-S<br>TIME: Bi-Monthly on Sundays 9:00a.m.—10:45a.m.      | <input type="checkbox"/> 3rd—5th Grade / CFF<br>TIME: Wednesdays 4:45p.m.— 6:00p.m.       |
| <input type="checkbox"/> 9th—10th Grade / THRIVE<br>TIME: Sundays 6:45p.m.— 8:00p.m.                 | <input type="checkbox"/> 6th—8th Grade / C4-W<br>TIME: Wednesdays 4:45p.m.— 6:00p.m.      |
| <input type="checkbox"/> 11th—12th Grade / LEADERSHIP<br>TIME: Wednesdays 6:00p.m.— 7:30p.m.         |   |

- |   |
|---|
| <input type="checkbox"/> 2nd Grade or Older / 1st Reconciliation & 1st Eucharist<br>TIME: Monthly <b>Sundays</b> 1:00p.m.— 3:00p.m. |
|---|

- |   |
|---|
| <input type="checkbox"/> Freshman or Older/ Confirmation<br>TIME: Monthly <b>Sundays</b> 6:45p.m.— 8:00p.m. |
|---|

### Community Events

TIME: Throughout the year

All Saints Festival, Church Picnic, Soup & Stations, St. Joseph’s Altar, Living Stations, Etc.

## Registration Fees

Fees cover material costs, books, and expenses related to each Program.

*No one will be denied participation in the Faith Formation Program due to financial difficulties.*

### Faith Formation Program

|   |                                    |            |
|---|------------------------------------|------------|
| <b>18 Months—8th Grade:</b> \$50.00 per Child | <b>X Number of Children:</b> _____ | \$ _____ + |
| <b>9th Grade—12th Grade:</b> \$75.00 per Teen | <b>X Number of Children:</b> _____ | \$ _____ + |

**Subtotal:**

\$ \_\_\_\_\_

### Sacramental Prep Program

|   |                                  |            |
|---|----------------------------------|------------|
| <b>1st Reconciliation &amp; 1st Eucharist Registration Fee:</b><br>\$80.00 per Child                | <b>Number of Children:</b> _____ | \$ _____ + |
| <b>Confirmation Registration Fee:</b><br>\$250.00 per Teen<br>\$200.00 Retreat Fee + \$50 Class Fee | <b>Number of Children:</b> _____ | \$ _____ + |

**Subtotal w/ Sacramental Prep**

\$ \_\_\_\_\_

Optional Donation: Sponsor Pizza Night for High School

Corporal Work of Mercy: Feed the Hungry

Please Circle: **THRIVE** or **LEADERSHIP**

\$ \_\_\_\_\_ +

**FINAL AMOUNT DUE:**

\$ \_\_\_\_\_

**PAYMENT PAID IN FULL** - Checks made payable to: St. Clare of Assisi Catholic Church \$ \_\_\_\_\_

**PARTIAL PAYMENT PAID WITH THIS REGISTRATION** \$ \_\_\_\_\_ +

I would like to pay my fee(s) in installments payable on the \_\_\_\_\_ of each month beginning \_\_\_\_\_, 2017. \$ \_\_\_\_\_.

~Office Use only~ Date Received: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Check # \_\_\_\_\_ Cash: \_\_\_\_\_ Balance Due: \$ \_\_\_\_\_