

Family Information

Parents/Guardian (LAST NAME ONLY) _____

Mother's Name: _____

Father's Name: _____

Address: _____

Address: (if different) _____

City/Zip Code: _____

City/Zip Code: _____

Mother's Cell: _____

Father's Cell: _____

Mother's Email: _____ Father's Email: _____

Custodial Information: Who has custody? Mother ___ Father ___ Both ___

If in a shared custody situation, please provide documentation of custodial agreement. (if not on file)

I am a registered Parishioner of St. Rose? Yes ___ No ___

Please choose RE Program:

Children's Ministry

EDGE Transition

EDGE

LifeTeen

PK-1 & 4th _____

5th/6th _____

7th/8th _____

9th-12th _____

Home/Online/Virtual

Church Office

Church

Church

Day/Time - TBD

1st & 3rd Monday @ 5pm

Sunday @ 2pm

Sunday @ 2pm

SACRAMENT PREPARATION – In Person

Reconciliation – 2nd grade**

Confirmation/Eucharist – 3rd grade**

Sundays @ 8:00am – Ms. Renee

Sundays @ 9:30am – Ms. Rita

Sundays @ 12:30pm – Mr. Randy/Ms. Renee

Sundays @ 11:00am - Mr. Rick/Ms. Jami

Tuesdays @ 4:30pm – Ms. Renee

Tuesdays @ 6pm – Ms. Renee

Sacrament Prep – Grades 6-12

Wednesdays @ 4:30pm – Ms. Debbie

Wednesdays @ 6:00pm – Ms. Renee

In order to provide a safe environment that is compliant with physical distancing, class size will be limited to 12 students

Student First & Last Name	Grade Fall 2020	Number of Years in RE	Sacraments Already Received (Mark with X)				2020-21 Sacrament Prep (If Applicable)
			Baptism	Reconciliation	Eucharist	Confirmation	

Program Fees

Payment Schedule (2 Choices)

\$ 25.00 each child x _____ = _____

1. Payment in full at time of registration

Sacrament Preparation Fee

2. Enroll in the monthly payment schedule with the first payment due at time of registration and final payment due by Dec. 15th

\$ 25.00 each child x _____ = _____

Total Fees Due _____

For Parish Office Use Only:

Total Due \$ _____ - 1st Payment \$ _____ = Bal. Due _____ /3 = Monthly payment _____

CC _____ Cash/CR# _____ Check #/CR # _____ / _____ Received by: _____ Date: _____

Medical Information - Please print neatly

Emergency Contact: (other than Parents)

Name: _____ Phone Number: _____ Relation: _____

Child's First Name	Date of Birth	Allergies: List allergies & medications (if used)
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Release & Permission

Please read and initial the following:

I request that my **child(ren)** to participate in the Faith Formation Program at St. Rose Parish. This program will take place under the guidance and direction of parish employees and volunteers. As parent and/or legal guardian, I remain legally responsible for any personal actions taken by my child(ren). I agree on behalf of myself and my child(ren), to hold harmless and defend St. Rose Parish, its officers, directors, employees and volunteers, and the Diocese of Phoenix, from any claim arising from or in connection with my child's participation in the program or event associated with the program, illness or injury (including death) or cost of medical treatment in connection therewith. I agree to compensate the parish, its officers, directors and agents, and the Diocese of Phoenix, its employees and agents and chaperons, or representatives associated with the event for reasonable attorney's fees and expenses which may incur in any action brought against them as a result of such injury or damage, unless such claim arises from negligence of the parish/diocese.

Photo Release Approve _____ Deny _____

I authorize that appropriate pictures of my child(ren) may be taken during activities. I hereby grant the use of photos to St. Rose Parish Facebook page, Youth Ministry Facebook page, Instagram, and the bulletin.

Medical Release Approve _____ Deny _____

In the event of an illness, I request that a designated agent of St. Rose Parish obtain medical treatment on my behalf for my child. I will not hold St. Rose Parish, the Diocese of Phoenix, the teachers, or volunteers responsible for any accident or injury.

Sacramental Policy of the Diocese of Phoenix

Sacrament preparation *must coincide* with regular weekly attendance in the parish Religious Education classes or attendance in a Catholic School. Worship within the Parish community is assumed.

Attendance Policy

Weekly Mass attendance is expected. Religious Education Classes require a **70% attendance (3 excused absences)**. All absences need to be communicated to the Coordinator of Religious Education or Youth Minister

Technology Platform

St. Rose Religious Education Classes will be using the streaming platforms of ZOOM & YouTube to allow us to minister to your child. For Safe Environment purposes, all cameras must be on at all times with children's faces to be seen on screen, children should be situated in an area conducive to learning and free of interruption, and we ask that parents supervise accordingly.

By signing below, I acknowledge that I have read, understand, and agree to the policies and procedures outlined about. Additionally, I am agreeing that I, as the parent/guardian, and my child agree to use the technology platform appropriately.

Parent or Guardian Signature: _____ **Date:** _____