

St. Rose Philippine Duchesne  
 2825 W. Rose Canyon Circle  
 Anthem, AZ 85086 623-465-9740

## Faith Formation Grades 1-5 Registration

Children's Ministry 2024-2025

Welcome to the St. Rose Philippine Duchesne Faith Formation Program. *Please read the Parent's Handbook which explains our programs in detail. **REGISTRATION is due on or before AUGUST 19, 2024***

<b>Family Last Name:</b> _____	
<b>Mother's Name:</b> _____	<b>Father's Name:</b> _____
<b>Address:</b> _____	<b>Address: (if different)</b> _____
<b>City/Zip Code:</b> _____	<b>City/Zip Code:</b> _____

We use **Flocknote** for our main communication tool. You will receive emails that read "mail @ Flocknote.com". ***This is not junk mail.*** Please make every effort to read the e-mail to be informed of what is happening in our Faith Formation program as well as the parish. Thank you.

<b>Mother's Cell:</b> _____	<b>Father's Cell:</b> _____
<b>Mother's Email:</b> _____	<b>Father's E-mail:</b> _____

**Emergency Contact Information**

If parents **cannot** be reached, who may we call in case of an emergency?

***Please note this SHOULD NOT BE one of the parent's numbers.***

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Relation: \_\_\_\_\_

Child 1	Child 2	Child 3	Child 4
<b>Name</b>	<b>Name</b>	<b>Name</b>	<b>Name</b>
_____	_____	_____	_____
<b>Date of Birth</b>	<b>Date of Birth</b>	<b>Date of Birth</b>	<b>Date of Birth</b>
_____	_____	_____	_____
<b>Gender</b>	<b>Gender</b>	<b>Gender</b>	<b>Gender</b>
<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
<b>Grade</b>	<b>Grade</b>	<b>Grade</b>	<b>Grade</b>
_____	_____	_____	_____
<b>Check box for Sacrament already received</b>	<b>Check box for Sacrament already received</b>	<b>Check box for Sacrament already received</b>	<b>Check box for Sacrament already received</b>
Baptism (Catholic) <input type="checkbox"/>	Baptism (Catholic) <input type="checkbox"/>	Baptism (Catholic) <input type="checkbox"/>	Baptism (Catholic) <input type="checkbox"/>
Reconciliation <input type="checkbox"/>	Reconciliation <input type="checkbox"/>	Reconciliation <input type="checkbox"/>	Reconciliation <input type="checkbox"/>
First Eucharist <input type="checkbox"/>	First Eucharist <input type="checkbox"/>	First Eucharist <input type="checkbox"/>	First Eucharist <input type="checkbox"/>
Confirmation <input type="checkbox"/>	Confirmation <input type="checkbox"/>	Confirmation <input type="checkbox"/>	Confirmation <input type="checkbox"/>
None of the Above <input type="checkbox"/>	None of the Above <input type="checkbox"/>	None of the Above <input type="checkbox"/>	None of the Above <input type="checkbox"/>
<b>Allergies/Medical/ Behavior Concerns</b>	<b>Allergies/Medical/ Behavior Concerns</b>	<b>Allergies/Medical/ Behavior Concerns</b>	<b>Allergies/Medical/ Behavior Concerns</b>
_____	_____	_____	_____

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## Children's Ministry 2024-2025

### Photo Permission

Photos will be taken throughout the year during Faith Formation and Retreats and we would like to post the photos on [our private Facebook page and/or in our bulletin](#). Please indicate if you give your permission for your child's pictures to be posted:

Yes  No

### Indemnity Agreement

As parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above-named minor(s). I agree on behalf of myself, my child(ren) named herein, or our heirs, successors and assigns, to hold harmless and defend St. Rose Philippine Duchesne, its teachers, CRE, employees and agents, and the Diocese of Phoenix, its employees, agents, chaperons, or representatives associated with Faith Formation, from any claim arising from or in connection with my child(ren) attending Faith Formation or in connection therewith. I agree to compensate St. Rose Philippine Duchesne, its teachers, directors, and agents, and the Diocese of Phoenix, its employees and agents and chaperones, or representatives associated with Faith Formation 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 the negligence of St. Rose Philippine Duchesne or the Diocese of Phoenix.

Parent or Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### CLASS INFORMATION

All children must be enrolled in the Faith Formation Program in order to be enrolled in our Sacramental Preparation classes.

#### Class Registration: Pick the Sunday or Wednesday class – NOT both

**Year 1** -  Sunday @ 9:00am **OR**  Wednesday @ 4:30pm - **Location: Formation Center**

**Year 2** -  Reconciliation, Sunday @ 9:00am **OR**  Reconciliation, Wednesday @ 4:30pm – **Location: Formation Center**

**Year 3** -  Confirmation/Eucharist, Sun., 9:00am **OR**  Confirmation/Eucharist, Wed., 4:30pm – **Location: Formation Center**

**Year 4/5** -  Sunday @ 9:00am (**Parish Office**) **OR**  Wednesday @ 4:30pm (**Parish Office**)

**OCIC/OCIT** -  Monday @ 4:30pm (**Formation Center**) *\*This class is for older children & teens who need to complete Sacraments of Initiation*

### FEE SCHEDULE

#### Faith Formation Registration Fee:

\$90/child up to 3 children x \_\_\_\_ (# of children) = \_\_\_\_\_ / \$50/additional child x \_\_\_\_ (# of children) = \_\_\_\_\_ / **Total RE Fees \$** \_\_\_\_\_

#### Sacramental Preparation (Reconciliation & C/E) requires an ADDITIONAL FEE:

\$50 per child x \_\_\_\_\_ (number of children) = \_\_\_\_\_ / **Total Sacrament Fees \$** \_\_\_\_\_  
**Total Fees Due \$** \_\_\_\_\_

### PAYMENT

We ask for payment in full at the time of registration. If you are unable to make a full payment, please contact the Faith Formation Office @ 623-465-9740, Ext 105 or [rhunsaker@stroseanthem.com](mailto:rhunsaker@stroseanthem.com) for payment arrangements.

**PAYMENT IN FULL is required by November 11, 2024** and may be made @ [www.stroseanthem.com](http://www.stroseanthem.com)

Giving – Give Online – Pay Fee Here – Choose ALL applicable fees that apply to your children

#### For Parish Office Use Only:

**Total Fees Due:** \$ \_\_\_\_\_ **Payment Rec'd:** \_\_\_\_\_ **Circle Type:** CC | Cash | **Check Number** \_\_\_\_\_ | **Cash/Check Receipt#** \_\_\_\_\_

**Balance Due (if applicable)** \$ \_\_\_\_\_ **Payment Received by:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Payor:** \_\_\_\_\_

**Child(ren)'s Name:** \_\_\_\_\_