

St. Rose Philippine Duchesne
 2825 W. Rose Canyon Circle
 Anthem, AZ 85086 623-307-8268

Faith Formation Registration PS-Grade 5

Children's Ministry 2026-2027

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 1, 2026**

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

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.

Mother's Cell: _____	Father's Cell: _____
Mother's Email: _____	Father's E-mail: _____

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
Name	Name	Name	Name
_____	_____	_____	_____
Date of Birth	Date of Birth	Date of Birth	Date of Birth
_____	_____	_____	_____
Gender	Gender	Gender	Gender
<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
Grade (Highlight Current Grade)	Grade (Highlight Current Grade)	Grade (Highlight Current Grade)	Grade (Highlight Current Grade)
PS - PK - K - 1 - 2 - 3 - 4 - 5	PS - PK - K - 1 - 2 - 3 - 4 - 5	PS - PK - K - 1 - 2 - 3 - 4 - 5	PS - PK - K - 1 - 2 - 3 - 4 - 5
Check box for Sacrament already received	Check box for Sacrament already received	Check box for Sacrament already received	Check box for Sacrament already received
Baptism <input type="checkbox"/>	Baptism <input type="checkbox"/>	Baptism <input type="checkbox"/>	Baptism <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"/>
Allergies/Medical/ Behavior Concerns	Allergies/Medical/ Behavior Concerns	Allergies/Medical/ Behavior Concerns	Allergies/Medical/ Behavior Concerns
_____	_____	_____	_____

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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 as well as eligibility for any scholarship programs.

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

PS | PK | Kindergarten (check one) - Sunday @ 9:15am **OR** Wednesday @ 4:30pm - **(Spirituality Center)**

Year 1 - Sunday @ 9:15am **OR** Wednesday @ 4:30pm - **(Formation Center)**

Year 2 - Reconciliation, Sunday @ 9:15am **OR** Reconciliation, Wednesday @ 4:30pm – **(Formation Center)**

Year 3 - Confirmation/Eucharist, Sun. @ 9:15am **OR** Confirmation/Eucharist, Wed. @ 4:30pm – **(Formation Center)**

Year 4/5 - Sunday @ 9:15am **(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:

\$100/child up to 3 children x _____ (# of children) = \$ _____ / \$60/additional child x _____ (# of children) = \$ _____

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

\$60 per child x _____ (number of children) = \$ _____ **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 @ 623-307-8268 or rhunsaker@stroseanthem.com for payment arrangements.

ONLINE PAYMENT may be made @ www.stroseanthem.com

Giving – Give Online – Fees – 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: _____