

**HOLY FAMILY PARISH FAITH FORMATION
Religious Education Class Gatherings - 2012-2013 Registration**

Family Name _____ Parent First Name(s) _____

Address _____
Street
Town
Zip

E-Mail Address(es) _____

Phone Number(s) _____

Check here if your contact information (including e-mail) has changed since September 2011.

Please see the Faith Formation Calendar for available class times for each grade.

Child Name(s)	Grade / School	Session Time First Choice *	Session Time Second Choice	<i>Already Received 1st Eucharist / Reconciliation? (yes or no)</i>	Church and Town of Baptism **	Special Notes (Allergies, etc.)

*** = Religious Education Volunteers are GUARANTEED their first choice for their child(ren)'s class times.**

**** = First-time registration for each child: please provide a copy of the student's baptismal certificate if neither Baptism nor First Eucharist happened in a Concord Catholic Church.**

HOLY FAMILY PARISH FAITH FORMATION
Religious Education Class Gatherings - 2012-2013 Registration Permission

Family Name _____ Child(Children): _____

I, _____, parent/guardian of the above-named child(children), give permission for my child (children) to participate in the Religious Education Class Gatherings at Holy Family Parish. I understand that the Religious Education Class Gatherings are conducted in accordance with guidelines established by the Archdiocese of Boston *Code of Conduct* as well as the Holy Family Parish *Code of Conduct*. I further understand that all prospective volunteers are required to submit a "C.O.R.I." screening form annually to the Commonwealth of Massachusetts, and persons who have any indication of a criminal record are not accepted as volunteers at Holy Family Parish.

I hereby release and discharge the Roman Catholic Archdiocese of Boston, a Corporation sole, its agents, servants, employees, and all priests incardinated to the Roman Catholic Archdiocese of Boston, Holy Family Parish staff and/or volunteers, from any and all claims and liabilities which the undersigned had, now has, or may hereafter have against such parties, especially with respect to claims for personal injury or personal property damage incident to the Religious Education Class Gatherings and any medical care or treatment provided. In case of medical emergency, I understand that a reasonable effort will be made to contact the parent(s) or guardian(s) of my child (children). In the event that I cannot be reached, I give permission for my son/daughter to be evaluated, diagnosed, treated and/or medicated by licensed medical personal.

Parent/Guardian Signature: _____ Date: _____

This portion (above) must be signed in order to register your child(ren) for Religious Education.

Faith Formation 2012-2013 -Food / Allergy Permission

Food products are often a part of Faith Formation activities. Examples include pizza at high school religious education, candy at youth ministry events, and Pepperidge Farm® Goldfish® snacks at religious education class gatherings. Drinks typically include water (Concord municipal) and assorted store-purchased beverages (soda pop, lemonade, teas, at youth ministry and high school levels) including juice boxes. Sometimes, other snacks and food items may be brought into the building as well.

Families have a responsibility to notify Holy Family Parish of any necessary accommodations required to insure the safety of their child (children) regarding allergies (including food allergies, insect allergies, etc). Please use the space provided on the registration form.

- My child (children) has/have permission to partake of food and drink at Holy Family Parish Faith Formation events.
- My child (children) does/do NOT have permission to partake of food and drink at Holy Family Parish Faith Formation events.

Parent/Guardian Signature: _____ Date: _____

Please check one box above. Any modifications must be made in writing and included with this registration.

Faith Formation 2012-2013 - Media / Electronic Use Permission

I hereby authorize the Holy Family Parish to use the name, voice and likeness of my child (children) in any manner, form or way relating to communication production (such as photos or videos) in any media. Further, I release and discharge Holy Family Parish from any and all liability, claims, actions, damages and demands related to or in any way connected with the use of the name, voice or likeness of my child (children) as herein authorized. No promises or agreements have been made with respect to the use of their name, voice and likeness except as herein stated.

- I accept the Holy Family Parish Media/Electronic Use Permission.
- I decline the Holy Family Parish Media/Electronic Use Permission.

Parent/Guardian Signature: _____ Date: _____

Please check one box above.

2012 - 2013 FEE CALCULATION - PLEASE RETURN WITH YOUR CHECK

Family Name(s) _____

Requested Contribution (Grades K-10)

1 child: \$225; 2 children: \$250; 3 children: \$275
4 or more children: \$300 \$ _____

Scholarship Donation \$ _____

Available Credits

Catechist (\$100 full-year commitment, by yourself) (\$ _____)

Assisting Role (Classroom Aide, Small Group Leader,
Hall Monitor, or Child Care) (\$50 full-year commitment)(\$ _____)

Adult(s) in Household who have completed the *Protecting
God's Children* (Virtus) training (\$25 per adult) (\$ _____)

Catechist Certification (\$25, kindly contact the office) (\$ _____)

Financial Assistance Requested (\$ _____)

No requests are denied. Please contact the office.

Total Enclosed \$ _____

VOLUNTEER SIGNUP (note the credits available above)

VOLUNTEER'S NAME _____

Have you completed the Archdiocesan Catechetical Certification? (not required) Yes No In Progress
Do you have First Aid/CPR certification? (not required) Yes No

Classroom Volunteer Roles

_____ Catechist Day/Time/Grade _____ (Working with: _____)

_____ Classroom Aide Day/Time/Grade _____ (Working with: _____)

_____ Small Group Leader Day/Time/Grade _____ (Working with: _____)

Out-of-Classroom Volunteer Roles

Needed Childcare:

_____ Hall Monitor Day/Time _____ (Offered for volunteers)

_____ Child Care (for children of volunteers) Day/Time _____ Child(ren)& ages: _____

_____ Substitute Day/Time _____ - Role(s): _____

**If you have any questions, please contact the Coordinator of Religious Education
Tony Carbrello at CRE55Church@aol.com or 978-369-7442 x223**