

Dear Faith Formation Families,

Attached is the Faith Formation Registration for 2016/17 year. Please complete and return all the forms attached.

If you are a returning family, you need NOT complete page two of the registration form (New Student Registration page). If you have a member of your family that is new to Faith Formation, then please complete the New Student Registration page for that family member only.

If you are a new family joining the Faith Formation classes please complete all four pages.

If you are new to the parish, please register with the parish. The Parish Registration form can be found on our website as well.

Faith Formation Fees for 2016/17 are:

- 1 child - \$100
- 2 children - \$185
- 3 children - \$265
- 4 or more - \$340

There are payment plans available for these amounts, provided you complete the paperwork and place a \$25 deposit on your intentional payment plan.

Scholarships are available, contact Nancy Hartshorn at [nhartshorn@avemariacatholicparish.org](mailto:nhartshorn@avemariacatholicparish.org) or 720-842-4117.

## FAITH FORMATION REGISTRATION

**FAMILY LAST NAME** \_\_\_\_\_ **Date** \_\_\_\_\_

**Child(ren)'s Address**

\_\_\_\_\_

**Parents are:** married/single/separated/divorced. (Please circle one)

**If divorced, primary contact** \_\_\_\_\_  
First Last

**Parents/ Guardians: Dad** \_\_\_\_\_  
First Last

**Spouse, if not mom** \_\_\_\_\_  
First Last

**Mom** \_\_\_\_\_ **Maiden Name** \_\_\_\_\_  
First Last

**Spouse, if not dad** \_\_\_\_\_  
First Last

**Current Contact Information:**

**Home** \_\_\_\_\_ **cell -mom** \_\_\_\_\_ **cell - dad** \_\_\_\_\_

**Email** \_\_\_\_\_ **OUR PRIMARY MEANS OF COMMUNICATION!**

### Media Release

**\*\*PLEASE NOTE\*\*** Ave Maria Catholic Church takes photographs and video footage of children, youth, and adult activities. This material is used for sharing our proudest achievements and special events with the Parish and Diocese of Colorado Springs. Please sign to acknowledge that your child may be photographed to share within our Parish and Diocese of Colorado Springs.

\_\_\_\_\_  
Parent signature

**CLASS SELECTION: Children** – please list all school aged children

Name Last/First/Middle	Birth Date	School Grade 16/17	School Attending 16/17	Has this child received...				Sunday	Wednesday	Wednesday	Rite of Christian Initiation <i>Sunday</i>
				Baptism	Recon./ Penance	1 <sup>st</sup> Comm	Conf	6:15pm PreK-8	4:45P PreK-5	7pm High School	9:30am
1)				Y/N	Y/N	Y/N	Y/N				
2)				Y/N	Y/N	Y/N	Y/N				
3)				Y/N	Y/N	Y/N	Y/N				
4)				Y/N	Y/N	Y/N	Y/N				
5)				Y/N	Y/N	Y/N	Y/N				

**If a parent is not filling out this form:**

**Name** \_\_\_\_\_ **Relationship** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Email** \_\_\_\_\_

## Ave Maria Faith Formation - New Student Registration Form

Family Name: \_\_\_\_\_

1). Student Name: \_\_\_\_\_

Last	First	Middle	Nickname
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Personal Information:

Grade: \_\_\_\_\_ Gender: \_\_\_\_\_ Birth date: \_\_\_\_\_

School: \_\_\_\_\_ Birth Place: (City/State) \_\_\_\_\_

Language spoken, 1<sup>st</sup> \_\_\_\_\_, 2<sup>nd</sup> \_\_\_\_\_

Birthparents: \_\_\_\_\_

Birth Father	Birthmother	Maiden Name
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Faith Formation or Catholic School Grades Attended \_\_\_ at \_\_\_\_\_

Parish	City/State
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Sacraments:

**Baptism:** Date: \_\_\_\_\_ Church Name: \_\_\_\_\_

City/State

**1<sup>st</sup> Communion:** Date: \_\_\_\_\_ Church Name: \_\_\_\_\_

City/State

**Penance:** Date: \_\_\_\_\_ Church Name: \_\_\_\_\_

City/State

**Confirmation:** Date: \_\_\_\_\_ Church Name: \_\_\_\_\_

City/State

2). Student Name: \_\_\_\_\_

Last	First	Middle	Nickname
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Personal Information:

Grade: \_\_\_\_\_ Gender: \_\_\_\_\_ Birth date: \_\_\_\_\_

School: \_\_\_\_\_ Birth Place: (City/State) \_\_\_\_\_

Language spoken, 1<sup>st</sup> \_\_\_\_\_, 2<sup>nd</sup> \_\_\_\_\_

Birthparents: \_\_\_\_\_

Birth Father	Birthmother	Maiden Name
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Faith Formation or Catholic School Grades Attended \_\_\_ at \_\_\_\_\_

Parish	City/State
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Sacraments:

**Baptism:** Date: \_\_\_\_\_ Church Name: \_\_\_\_\_

City/State

**1<sup>st</sup> Communion:** Date: \_\_\_\_\_ Church Name: \_\_\_\_\_

City/State

**Penance:** Date: \_\_\_\_\_ Church Name: \_\_\_\_\_

City/State

**Confirmation:** Date: \_\_\_\_\_ Church Name: \_\_\_\_\_

City/State

3). Student Name: \_\_\_\_\_

Last	First	Middle	Nickname
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Personal Information:

Grade: \_\_\_\_\_ Gender: \_\_\_\_\_ Birth date: \_\_\_\_\_

School: \_\_\_\_\_ Birth Place: (City/State) \_\_\_\_\_

Language spoken, 1<sup>st</sup> \_\_\_\_\_, 2<sup>nd</sup> \_\_\_\_\_

Birthparents: \_\_\_\_\_

Birth Father	Birthmother	Maiden Name
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Faith Formation or Catholic School Grades Attended \_\_\_ at \_\_\_\_\_

Parish	City/State
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Sacraments:

**Baptism:** Date: \_\_\_\_\_ Church Name: \_\_\_\_\_

City/State

**1<sup>st</sup> Communion:** Date: \_\_\_\_\_ Church Name: \_\_\_\_\_

City/State

**Penance:** Date: \_\_\_\_\_ Church Name: \_\_\_\_\_

City/State

**Confirmation:** Date: \_\_\_\_\_ Church Name: \_\_\_\_\_

City/State

**ACTIVITY RELEASE**

*For those 18 years of age or older, all parents, and all guardians:*

I consent for any of my children listed below to participate in any activity or trip sponsored by the Diocese of Colorado Springs or its affiliates\* (collectively, "the Diocese"). In case of medical need, I authorize the Diocese to arrange for medical or dental services for me and any of my children listed below. I agree that any such expense will be my obligation.

I, individually, and in my capacities as parent, guardian, or next friend of my children:

\_\_\_\_\_ waive, release, and indemnify the Diocese and its agents, directors, officers, employees, and volunteers (collectively, the "Released Parties") from all claims or liability which have arisen or may arise from any Diocesan activity or trip and which involves any damage, loss, or injury to me, my spouse, any of my children, my property, or the property of any of my children. In the same capacities, I promise not to sue any of the Released Parties for any such claims or liability. This waiver, release, indemnification, and promise not to sue does not apply to claims of criminal conduct or gross negligence.

This Activity Release is revocable prospectively only by a writing signed by me which bears the date that the revocation is delivered to the Diocese.

\_\_\_\_\_ Date \_\_\_\_\_ Signature \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_ Signature \_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_ Mobile phone: \_\_\_\_\_

Medical Insurance Company and Policy Number: \_\_\_\_\_

Authorized Medications: \_\_\_\_\_

Family Physician/Emergency Contact and Phone: \_\_\_\_\_

Special considerations or needs (allergies, asthma, etc.) \_\_\_\_\_

*For all those over 14 and under 18 years of age:*

I waive, release, and indemnify the Released Parties as identified above from all claims or liability which has arisen or which may arise from any Diocesan activity or trip and which involves any damage, loss, or injury to me or my property.

\_\_\_\_\_ Date \_\_\_\_\_ Signature \_\_\_\_\_

\*"Affiliates" includes all Diocesan parishes, missions, schools, and ministries and also Catholic Charities of Colorado Springs, Inc., Partners in Housing, Inc., Ave Maria Catholic School Corporation, and the Catholic Foundation of the Diocese of Colorado Springs, Inc., Villa San Jose & Villa Santa Maria, Queen of Heaven Cemetery.

# **EMERGENCY CONTACTS**

**Please note: Emergency Contacts are NOT parents.**

1) Name \_\_\_\_\_

Relationship to student \_\_\_\_\_

Phones: Home \_\_\_\_\_

Cell \_\_\_\_\_

2) Name \_\_\_\_\_

Relationship to student \_\_\_\_\_

Phones: Home \_\_\_\_\_

Cell \_\_\_\_\_

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*In order to best serve your child in the classroom, we need to know of any medical conditions or special instructions, physical or psychological impairments (i.e. allergies, learning disabilities, etc.)*

Name: \_\_\_\_\_ Concern: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Name: \_\_\_\_\_ Concern: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Name: \_\_\_\_\_ Concern: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Please use additional paper if necessary.