

# 2022-2023 Religious Education and Sacrament Prep Catechesis Registration

(A current Church of the Holy Spirit Membership Registration Form must be on file to be considered a "Registered Parishioner." This is **not** a parish membership registration form.)

Date: \_\_\_\_\_ Payment: \$ \_\_\_\_\_ Circle Payment Type: Cash | Check | Credit Card By: \_\_\_\_\_ Receipt# \_\_\_\_\_ RE \_\_\_\_\_ Sacrament \_\_\_\_\_

**RETURN THIS FORM WITH PAYMENT TO: Religious Education Office, 1800 East Libra Drive, Tempe AZ 85283-3216 PHONE: (480) 838-3479**

Family Last Name (s): \_\_\_\_\_ Home or Cell Phone: \_\_\_\_\_

Parent's E-Mail: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Religion: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Mother's Employer: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Religion: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Father's Employer: \_\_\_\_\_

**Parish where you are registered** \_\_\_\_\_ . \*(see explanation regarding registration fees). For tuition assistance contact the Religious Formation Office.

\*Registered Parishioner Fees per Student: One Student \$75.00; Two Students \$125.00; Three or More \$175.00,

Non-Parishioner Fees: \$100.00 per Student. Sacrament Preparation fee is \$25.00 per Student.

**ALL SACRAMENT PREPARATION STUDENTS MUST PROVIDE A COPY OF THEIR BIRTH AND BAPTISM CERTIFICATES AT TIME OF REGISTRATION.**

Parents of students ages 7-17 who desire Baptism, Eucharist, and/or Confirmation please contact the Religious Formation Office to schedule an appointment. Please use an extra sheet for more than 4 children.

Children's Names <i>[List Only children attending class]</i> First and Last Name	Gender M/F	Date of Birth	School Child Attends	School Grade Fall 2022	Indicate Sacraments Received (Yes or No)				Last R.E. Grade Attended
					Catholic Baptism	Reconciliation	Eucharist	Confirmation	
1st									
2nd									
3rd									
4th									

# Religious Education and Sacrament Prep Formation Schedule (PRELIMINARY 2022-23 schedule)

ELEMENTARY and JR HIGH GRADES: *K through 8<sup>th</sup> Grade*

SACRAMENT PREPARATION: ages 7-17 years old

BAPTISM, RECONCILIATION, CONFIRMATION AND FIRST EUCHARIST

*PHONE (480) 838-3479 or 480-838-7474 x113*

*Email: kmprice@holyspirit-tempe-az.org*

CLASS/GRADE	CHECK DESIRED CLASS DAY/TIME or HOMESCHOOL
Kindergarten	Monday 4:30pm-5:30pm <input type="checkbox"/>
1 <sup>st</sup> Grade Religious Education	Monday 4:30pm-5:30pm <input type="checkbox"/> Monday 6:00pm-7:00pm <input type="checkbox"/> Tuesday 5:00pm-6:00pm <input type="checkbox"/> Homeschool only ( <b>must be approved by DRE</b> ) <input type="checkbox"/>
2 <sup>nd</sup> Grade Religious Education	Monday 4:30pm-5:30pm <input type="checkbox"/> Monday 6:00pm-7:00pm <input type="checkbox"/> Tuesday 5:00pm-6:00pm <input type="checkbox"/> Homeschool only ( <b>must be approved by DRE</b> ) <input type="checkbox"/>
3 <sup>rd</sup> Grade Religious Education	Monday 4:30pm-5:30pm <input type="checkbox"/> Monday 6:00pm-7:00pm <input type="checkbox"/> Tuesday 5:00pm-6:00pm <input type="checkbox"/> Homeschool only ( <b>must be approved by DRE</b> ) <input type="checkbox"/>
4 <sup>th</sup> Grade Religious Education	Monday 4:30pm-5:30pm <input type="checkbox"/> Monday 6:00pm-7:00pm <input type="checkbox"/> Tuesday 5:00pm-6:00pm <input type="checkbox"/> Homeschool only ( <b>must be approved by DRE</b> ) <input type="checkbox"/>
5 <sup>th</sup> Grade Religious Education	Monday 4:30pm-5:30pm <input type="checkbox"/> Monday 6:00pm-7:00pm <input type="checkbox"/> Tuesday 5:00pm-6:00pm <input type="checkbox"/> Homeschool only ( <b>must be approved by DRE</b> ) <input type="checkbox"/>
2 <sup>nd</sup> – 12 <sup>th</sup> Grade Sacrament Preparation (see paperwork requirements below)	Monday 4:30pm-5:30pm <input type="checkbox"/> Monday 6:00pm-7:00pm <input type="checkbox"/> Tuesday 5:00pm-6:00pm <input type="checkbox"/> Homeschool only ( <b>must be approved by DRE</b> ) <input type="checkbox"/>
	Monday 6:00pm-7:00pm <input type="checkbox"/>

Young Apostles 6 <sup>th</sup> -8 <sup>th</sup> Grade	Homeschool Only ( <b>must be approved by DRE</b> ) <input type="checkbox"/>
Thanh Linh-Vietnamese 1 <sup>st</sup> -12 <sup>th</sup> Grade	Sunday 1:55pm-2:55pm <input type="checkbox"/>
FLIGHT-HIGH SCHOOL 9 <sup>th</sup> -12 <sup>th</sup> Grade For specific information about the FLIGHT classes, contact Bill Price by phone: (480) 838-7474 x120 or email: bprice@holyspirit-tempe-az.org	Sunday 1:55pm-2:55pm <input type="checkbox"/>

***Elementary and Jr. High Sacrament Preparation Tracks:***

- *Baptism, Confirmation, and 1<sup>st</sup> Eucharist (rite of Christian Initiation of Children & Teens): Ages 7-17 years old*
- *First Reconciliation: Ages 7-17 years old*
- *Confirmation/First Eucharist: Ages 8-17 years old*
- *Confirmation only: Ages 9-17 years old*

Students, already baptized, and preparing for remaining Sacraments of Initiation must bring a copy of their birth and baptismal certificates at registration. Students who not received baptism and/or full sacraments of initiation (ages 7-17 years old) must bring a copy of their birth certificate at registration. If baptized in another Christian church in the proper form, we must have either a certificate or a signed letter from a witness to the baptism.

## CHILD PICK-UP AUTHORIZATION FORM

**Child's Name:** \_\_\_\_\_

**Primary pick-up person:**

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

Address: \_\_\_\_\_

Relationship: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Additional persons who may pick up child/children on a less frequent basis:**

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

Address: \_\_\_\_\_

Relationship: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

Address: \_\_\_\_\_

Relationship: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Person(s) NOT authorized to pick up my child/children:**

**Note:** Any person unfamiliar to me will be required to show proof of identification. Under NO circumstances will the child be released to anyone other than those listed above without WRITTEN permission from the parent:

Mother's Signature \_\_\_\_\_ Date: \_\_\_\_\_

and/or Father's Signature \_\_\_\_\_ Date: \_\_\_\_\_

**Medical Conditions and or Allergies:** Please list any medical conditions or special considerations we should know for your child. Please also list any medications that need to be administrated during the program. If you have more than one child, please indicate which child has the medical condition(s). Use additional sheets as necessary.

Child's Name	Allergy	Medical Condition	Prescription Provided
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____

\_\_\_\_\_ **Medical Treatment:** I request that the above-named child/children be allowed to participate in the Religious Formation classes at Holy Spirit Catholic Church. In the event of an illness, I request that the designated volunteer or staff member obtain medical treatment on my behalf for my child if we, or the emergency contact person, cannot be reached. I understand reasonable precautions will be taken to safeguard the health and well-being of my child and that I will be contacted immediately in case of emergency or accident. I will not hold Holy Spirit Catholic Church, the Diocese of Phoenix, the chaperones, coaches, volunteers or the Youth Minister responsible for any accident or injury, including those related to COVID-19. I agree on behalf of myself, my child named herein, or our heirs, successors, and assignees, to hold harmless and defend Holy Spirit Catholic Church, its officers, directors, employees and agents and the Diocese of Phoenix, its employees and agents, chaperons, or representatives associated with the program, from any claim arising from or in connection with my child attending the program or in connection with any illness (including COVID-19) 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 program 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.

\_\_\_\_\_ **General Waiver for On-Campus Participation:** I specifically acknowledge and assume the risks and hazards associated with the novel COVID-19 virus due to my child's on-campus participation. I understand and voluntarily assume the risk that my child may acquire COVID-19, and that COVID-19 may subsequently be transmitted from my child to me, my family, and members of my household. I will notify Holy Spirit Catholic Church and not send my child to parish functions if my child is sick, has COVID-19 symptoms, or has been in close contact with someone who shows symptoms of or has been diagnosed with COVID-19 until the CDC-defined exposure period has been exhausted for my child with no symptoms.

\_\_\_\_\_ **Photographic and Interview Release:** I authorize that appropriate pictures of my child may be taken during youth group sessions and activities. I hereby grant this release to the Catholic Diocese of Phoenix and Holy Spirit Catholic Church for the use of my child's name or likeness, whether in still, motion pictures, audio and video tape, my child's photograph and/or other reproduction of him/her including his/her voice and features with or without his/her name for any promotional purposes involving the diocese or parish/school, news or feature stories in The Catholic Sun or other media, including the internet and/or world wide web, or other purposes whatsoever; except for the endorsement of any commercial products. These items may be used without limitation or reservation of any fee.

**Interested in volunteering as a Room-aid in your child's class or have experience as a catechist? This is a great opportunity for you to become more involved with your child's religious education and you might learn a few things about the faith yourself! Please let us know by checking one or more of the boxes below:**

- Yes, I would like to help as a room-aid (or second adult) in my child's class
- Yes, I would like to help as a room-aid (or second adult)
- Yes, I have experience as a catechist and would like to teach one of the classes.  
If yes, I would prefer to teach grade(s): \_\_\_\_\_ on Monday \_\_\_\_ or Tuesday

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_