

CHURCH OF THE HOLY SPIRIT

FAITH FORMATION

REGISTRATION FORM

Dear parents of children and/or teens to be enrolled in faith formation this catechetical year:

We are so excited to be preparing for a new year of Formation with your families and cannot wait to have you join us!

As St. John Paul II said, "Life with Christ is a wonderful Adventure". This year of Faith Formation we want to invite you and your children to dive deeper into a life with Christ. Come join the adventure!

If you have any questions at all please do not hesitate to reach out to us!

Sincerely in Christ,
Faith Formation Staff

Sr. Frances Briseño OSB
Oralia Jasso
Arlene Vasquez
Hannah Reich

Director of Faith Formation
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srfrances@holyspiritsa.org

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Elementary Coordinator
Arlene Vasquez
arlene@holyspiritsa.org

Youth Minister
Hannah Reich
hannahreich@holyspiritsa.org

**FAITH FORMATION OFFICE NUMBER
(210) 341-1397**

FAMILY INFORMATION

Family Name: Mailing Address:

City, State, Zip: Home Phone: ()

Father / Guardian's First & Last Name:

Mother / Guardian's First & Last Name:

Marital Status: Married Divorced Separated Widowed Single

Father's Cell Phone: () Mother's Cell Phone: ()

Father's Email: Mother's Email:

Father's Religion: Mother's Religion:

Parent's Language Preference: English Spanish Bilingual • Is your family registered in our Parish? Yes No

Please complete the entire packet.

STUDENT'S INFORMATION

1 Child/Teen

Parent information: same as in previous page? Yes No

Student's Full Legal Name: _____

Father's Name: _____ Mother's Name: _____

Father's Phone: () _____ Mother's Phone: _____

Child Resides With: Both Parents Father Mother Other _____

Gender: M F Age: _____ Birthday (mm/dd/yy): _____ Birthplace: _____

Student Mobile: () _____ Student Email: _____

Name of School: _____ Grade for current year: _____

- Sacraments Celebrated (Please Check all that Apply for this Child/Teen)

Catholic Baptism: Yes No (All students must have a baptismal certificate on file)

Church of Baptism: _____ Date of Baptism: _____

City & State of Baptism: _____

Received Reconciliation Yes No Received Confirmation Yes No

Received First Eucharist Yes No

Any Allergies or Medical conditions: _____

Did this student attend Faith Formation classes this past year? Yes No

If yes, which Parish? _____

Session: _____ Grade: _____ Preparation: _____ Date entered: _____ Initials: _____

2 Child/Teen

Parent information: same as in previous page? Yes No

Student's Full Legal Name: _____

Father's Name: _____ Mother's Name: _____

Father's Phone: () _____ Mother's Phone: () _____

Child Resides With: Both Parents Father Mother Other _____

Gender: M F Age: _____ Birthday (mm/dd/yy): _____ Birthplace: _____

Student Mobile: () _____ Student Email: _____

Name of School: _____ Grade for current year: _____

- Sacraments Celebrated (Please Check all that Apply for this Child/Teen)

Catholic Baptism: Yes No (All students must have a baptismal certificate on file)

Church of Baptism: _____ Date of Baptism: _____

City & State of Baptism: _____

Received Reconciliation Yes No Received Confirmation Yes No

Received First Eucharist Yes No

Any Allergies or Medical conditions: _____

Did this student attend Faith Formation classes this past year? Yes No

If yes, which Parish? _____

Session: _____ Grade: _____ Preparation: _____ Date entered: _____ Initials: _____

3 Child/Teen

Parent information: same as in previous page? Yes No

Student's Full Legal Name: _____
Father's Name: _____ Mother's Name: _____
Father's Phone: () _____ Mother's Phone: () _____
Child Resides With: Both Parents Father Mother Other _____
Gender: M F Age: _____ Birthday (mm/dd/yy): _____ Birthplace: _____
Student Mobile: () _____ Student Email: _____
Name of School: _____ Grade for current year: _____

- Sacraments Celebrated (Please Check all that Apply for this Child/Teen)

Catholic Baptism: Yes No (All students must have a baptismal certificate on file)
Church of Baptism: _____ Date of Baptism: _____
City & State of Baptism: _____
Received Reconciliation Yes No Received Confirmation Yes No
Received First Eucharist Yes No
Any Allergies or Medical conditions: _____
Did this student attend Faith Formation classes this past year? Yes No
If yes, which Parish? _____
Session: _____ Grade: _____ Preparation: _____ Date entered: _____ Initials: _____

4 Child/Teen

Parent information: same as in previous page? Yes No

Student's Full Legal Name: _____
Father's Name: _____ Mother's Name: _____
Father's Phone: () _____ Mother's Phone: () _____
Child Resides With: Both Parents Father Mother Other _____
Gender: M F Age: _____ Birthday (mm/dd/yy): _____ Birthplace: _____
Student Mobile: () _____ Student Email: _____
Name of School: _____ Grade for current year: _____

- Sacraments Celebrated (Please Check all that Apply for this Child/Teen)

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Church of Baptism: _____ Date of Baptism: _____
City & State of Baptism: _____
Received Reconciliation Yes No Received Confirmation Yes No
Received First Eucharist Yes No
Any Allergies or Medical conditions: _____
Did this student attend Faith Formation classes this past year? Yes No
If yes, which Parish? _____
Session: _____ Grade: _____ Preparation: _____ Date entered: _____ Initials: _____

TEACHING AND OFFICE MINISTRIES

- Catechist/Assistant
- Environment (setting up for sessions)
- FF Office help on weekdays/weeknights
- Phone Calls to Teens, Parents or Volunteers
- Writing Cards (Birthday, Get Well, etc.)
- Other_____

CHAPERONE, COMPANION & DRIVING MINISTRIES

- Assistant in Atuium
- Consult with Technology
- Companion on the Journey of Faith with Adults
- Life Teen Core Team
- Edge Core Team
- Conformation Core Team

CELEBRATIONS AND EVENTS MINISTRY

- Life Teen Dinners!
- Photography or filming
- Prayer Team
- Wherever I am Most Needed
- Assist with Advent Celebrations
- Fundraising/Special Events

Occupation which you believe could help enhance our Faith Formation Center please let us know! i.e. Nurse, Photographer,








CHILDREN'S MINISTRY

Children in pre-Kinder through 5th grades

-  Elementary 1 (E1) - English session. Sunday 11:30 am - 1:00 pm English session. \$70 per participant
-  Elementary 2 (E2) - Spanish session. Sunday 3:30 noon - 5:00 pm Spanish session. \$70 per participant
- FAM - Family based catechesis taught in the home by parents.
Family will gather 1x a Month on weeknight.
-  Sacrament Prep. - First Communion year 1 (FE1) \$85 per participant
-  Sacrament Prep. - First Communion year 2 (FE2) \$85 per participant
-  Sacrament Prep. - RCIA1 & RCIA2 \$85 per participant
 - RCIA1 - **English** Sunday 11:15 am - 12:45 am
 - RCIA2 - **English** Sunday 9:30 am - 11:30 am
 - RCIA1 - **Spanish** Sunday 3:30 pm - 5:00 pm
 - RCIA2 - **Spanish** Sunday 1:30 pm - 3:30 pm
-  Catechesis of the Good Shepherd (CGS) \$70 per participant
 - CGS 1 (Level 1 - Atrium)**
 - 3 years old
 - 4 years old
 - 5 years old
 - 6 years old
 - English**
 - Sundays 11:30 am - 1:00 pm
 - Mondays 6:00 pm - 7:30 pm
 - Wednesdays 10:30 am - 12:00 pm
 - Spanish**
 - Sundays 3:30 pm - 5:00
 - Tuesdays 5:30 pm - 7:00 pm
 - CGS 2 (Level 2 - Atrium)**
 - 6 years old
 - 7 years old
 - 8 years old
 - 9 years old
 - English**
 - Sundays 5:30 pm - 7:00 pm
 - Spanish**
 - Thursdays 6:00 pm - 7:30 pm

MIDDLE SCHOOL & HIGH SCHOOL MINISTRY

Cost

<input type="checkbox"/>  Edge - Tuesdays 6:30pm - 8:00pm	\$85 per participant
<input type="checkbox"/>  Life Teen - Sundays 5:30pm - 7:00pm	\$85 per participant
<input type="checkbox"/>  Teen Confirmation Preparation -Wednesdays 6:30pm - 8:00pm	\$100 per participant
<input type="checkbox"/>  RCIA1 - English Sundays 11:15am - 12:45am	\$85 per participant
<input type="checkbox"/>  RCIA2 - English Sundays 9:30am-11:30am	\$85 per participant
<input type="checkbox"/>  RCIA1 - Spanish Sundays - 3:15pm - 4:45pm	\$85 per participant
<input type="checkbox"/>  RCIA2 - Spanish Sundays - 1:30pm - 3:30pm	\$85 per participant

PARENTS / GUARDIANS

Name of Participant:

Parent Medical and Liability Release Statement:

I understand that in the event medical intervention is needed every attempt will be made to contact me or the emergency contacts immediately. In the event I cannot be reached I hereby give my permission to the physician or dentist selected by the activity leader to hospitalize or to secure medical treatment the physician has deemed necessary. I understand that my insurance coverage for my child will be used as primary coverage in the event medical intervention is needed. Coverage by Archdiocese of San Antonio, through its accident policy, will be used as a secondary coverage. I understand all reasonable safety precautions will be taken at all times by Church of the Holy Spirit's staff and its agents during the events and activities. I understand the possibility of unforeseen hazards and know the inherent possibility of risk. I agree not to hold Church of the Holy Spirit, the Archdiocese of San Antonio, its leaders, employees, or volunteer staff liable for damages, losses, diseases, or injuries incurred by the subject of this form.

Parent/Guardian Signature:

Date:

In case of emergency, please notify:

Name:

Phone: ()

Relationship:

Communication Release Statement:

I give permission to be contacted/informed by cell phone/text message. Yes No

I give permission to be contacted via E-mail Cell phone provided

I GRANT PERMISSION for Faith Formation staff Church of the Holy Spirit to electronically communicate with my minor in order to inform him/her on any upcoming Edge/Life Teen/Confirmation activities, meetings, events, and general announcements. Communication will only take place between the hours of 8:00 am - 9:00 pm.

- I give permission for my teen to be contacted/informed by email. Yes No
- I give permission for my teen to be contacted/informed by GroupMe. Yes No
- I give permission for my teen to be contacted/informed by cell phone. Yes No
- I give permission for my teen to be contacted/informed by text message. Yes No

Parent/Guardian Signature:

Date:



Media Release Statement:

I understand and consent to the use of any videotape, photographs, slides, audio tapes and any other visual or audio reproduction in which my child may appear by Church of the Holy Spirit. I understand that these materials are being used for the promotion of Church of the Holy Spirit that includes volunteer recruitment, Internet, and fund raising efforts.

- I give permission for my children to be photographed and interviewed and permission to have my children's names used. If a photograph of a student is used on our webpage, only a student's first name will appear on the webpage.
- I give permission for my children to be photographed, but do not want my children's name used.
- I do not want my children photographed or interviewed and do not want their names used.

Parent/Guardian Signature: Date:

Parent/Legal Guardian Informed Consent

This agreement is intended as a supplement to the registration forms for in-person ministry with minors and does not amend any of the terms of the agreement.

Your signature below indicates agreement with its terms and conditions

I agree to allow my child, , to participate in religious education/youth group participation with religious education/youth group qualified adults at Church of the Holy Spirit.

Parent/Guardian Name (PRINT):

Parent/Guardian Signature: Date:

PAYMENT REGISTRATION FEE

The Faith Formation fees offset the cost of textbooks, supplies/materials, catechist training, family gatherings, sacrament preparation, retreats and speakers necessary to offer a high quality Faith Formation process.

Partial Scholarships are available and arrangements can be made for families who need financial assistance. In order to be eligible you must obtain and fill out a scholarship application form from the Faith Formation Office. No child will be denied formation due to financial reasons. Please call the Faith Formation Office for any questions regarding payment, speak to the Director of Faith Formation or the designated Coordinator.

FOR OFFICE USE ONLY

FEES PER PARTICIPANT & TOTAL FEES FOR FAMILY!

Child/Teen 1: Name of child/teen: _____

Session: _____ Grade: _____ Prep: _____ Cost: _____

Child/Teen 2: Name of child/teen: _____

Session: _____ Grade: _____ Prep: _____ Cost: _____

Child/Teen 3: Name of child/teen: _____

Session: _____ Grade: _____ Prep: _____ Cost: _____

Child/Teen 4: Name of child/teen: _____

Session: _____ Grade: _____ Prep: _____ Cost: _____

Child/Teen 5: Name of child/teen: _____

Session: _____ Grade: _____ Prep: _____ Cost: _____

Child/Teen 6: Name of child/teen: _____

Session: _____ Grade: _____ Prep: _____ Cost: _____

Total fees for children/teens enrolled this catechetical year. \$ _____

Total Fee:	Total Paid:	Amount Due:	Cash/Check #	Receipt #	Date	Elementary	Youth
_____	_____	_____	_____	_____	_____	_____	_____

Notes: _____



