



AQUINAS

FAMILY FORMATION CENTER

REGISTRATION FORM

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

With the desire to fulfill the mission entrusted by Christ to the Church, the Archdiocese of San Antonio has asked/challenged parishes to continue to provide ministry to our parishioners during this difficult times. This includes sacrament preparation, faith formation, youth ministry, and RCIA.

While it is not possible to eliminate all risk in furthering the spread of COVID-19, there are steps which can be taken to reduce the spread and risks for participants, catechists, staff, and our families. It is precisely because of this that we are requesting help from all families. During this time of the pandemic we recognize the importance of parents, catechists, and coordinators to be involved in both the safety of our children and their formation. Therefore, this year we are asking parents to help Faith Formation by providing hours of service to ensure the safety of our children.

As a parish, we have also adopted Archdiocesan/Parish safety protocols recommended by the Centers for Disease Control and Prevention (CDC). We are frequently cleaning and disinfecting the facilities, shortening meeting times when necessary, and offering some family based catechesis. However, realizing that we are to “accompany” families, the importance of formation availability for parents, catechists, and coordinators is essential!

Therefor Parents and Godparents/Sponsors are required to attend one Sacramental Prep Seminar at Holy Spirit on the year their son/daughter will receive Sacraments. If Godparents/Sponsors are coming from out of town, they must provide a certificate of Sacramental Prep from their own parish.

Parents are also advised that changes to the public health situation will necessitate that safety plans be adjusted over the course of the catechetical year. Any modification implemented will be done to assure that all of us remain confident, comfortable, and above all safe.

Sincerely in Christ,
Aquinas FFC Staff

A Service From CHURCH OF THE **HOLY SPIRIT**

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? Si 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: _____

In Holy Spirit files? Yes No Received First Eucharist Yes No

Received Reconciliation Yes No Received Confirmation Yes No

Any Allergies or Medical conditions: _____

Did this student attend religion classes/Catholic School this past year? Yes No

If yes, what Parish/Catholic School? _____

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)

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Gender: M F Age: _____ Birthday (mm/dd/yy): _____ Birthplace: _____
Student Mobile: () _____ Student Email: _____
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SERVICE TO FAITH FORMATION

Parents/Guardians please make note!

This catechetical year we are requesting parents hours of service.

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

- XLT - TBA
- Various Service Projects/Opportunities
- Youth Spectacular - TBA
- Companion on the Journey for Adults
- Other_____
- Other_____

CELEBRATIONS AND EVENTS MINISTRY

- Youth Group & Edge Dinners!
- Photography or filming
- Help with taking attendance
- 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

- E1 - Sunday 10:00 am - 11:30 am.
- E2 - Sunday 12 noon - 1:30 pm Spanish Session.
- FAM - Family based catechesis taught in the home by parents. Family will gather 1x a Month on weeknight in the Skylight Room.
- RCIA1 - Spanish Sunday 12:00 pm - 1:30 pm
- RCIA1 - English Sunday 10:00 am - 11:30 am.
- RCIA2 - English Sunday 9:00 am - 11:30 am.
- Catechesis of the Good Shepherd (CGS)

CGS1 (Level 1 - Atrium) 3 years old 4 years old 5 years old 6 years old

English Mondays 6:30 pm - 8:30 pm
 Tuesdays 10:00 am - 12:00 pm

Spanish Tuesdays 5:00 pm - 7:00 pm
 Sundays 11:30 am - 1:30 pm

CGS2 (Level 2 - Atrium) 6 years old 7 years old 8 years old 9 years old

English Sundays 5:00 pm - 7:00 pm

Spanish Thursdays 6:30 pm - 8:30 pm

Children's Ministry Fee Amounts

- Catechesis of the Good Shepherd - Level 1 & 2 Atrium \$60 per participant
- Catechesis (PK/Kinder, 1st grade/Post Communion) \$60 per participant
- Sacrament Preparation (RCIA1/RCIA2,FE1/FE2) \$85 per participant

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 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/Youth Group/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 cell phone. Yes No
- I give permission for my teen to be contacted/informed by text message. Yes No
- I give permission to be contacted/informed by cell phone/text message. Yes No
- I give permission to be contacted/informed by Remind using my E-mail Cell phone provided in family information section.

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: _____



Appendix B

PROVISIONS FOR INFORMED CONSENT FOR MINOR PARTICIPATION VIA TELECOMMUTING (COVID-19)

The informed Consent for minor participation via telecommuting contains important provisions for using the phone or the internet during the period of the current COVID-19 pandemic. Please read this carefully, and let your religious education directors/coordinators or youth ministers know if you have any questions.

In accordance with the Code of Conduct enacted by the Archdiocese of San Antonio, all ministry with minors via telecommuting will occur with two qualified adults in the session at all times.

For purposes herein, telecommuting refers to participating in religious education classes, youth groups, or other meetings remotely using telecommunications technologies, such as video conferencing or telephone.

Risks to confidentiality. Because telecommuting take place outside of the normal gathering places on parish grounds, there is potential for other people to access these conversations or stored data could be accessed by unauthorized people or companies.

You are solely responsible for obtaining any necessary equipment, accessories, or software for your child to participate in telecommuting, as well as for ensuring the security of such equipment, accessories or software for your child's participation. Recording. The telecommuting sessions shall be recorded by the religious education coordinators/youth ministers solely for auditing purposes and such recordings may not be published in any form, including any social media forums.

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, during the COVID-19 pandemic.

Parent/Guardian Name (PRINT): _____

Parent/Guardian Signature: _____ Date: _____