



# 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?  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: \_\_\_\_\_

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Catholic Baptism:  Yes  No (All students must have a baptismal certificate on file)  
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Received Reconciliation  Yes  No Received Confirmation  Yes  No  
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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: \_\_\_\_\_

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,

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**CHILDREN'S MINISTRY**

**Children in pre-Kinder through 5th grades**

- Elementary 1 (E1) - Sunday 10:00 am - 11:30 am English session. \$60 per participant
- Elementary 2 (E2) - Sunday 12 noon - 1:30 pm Spanish session. \$60 per participant
- FAM - Family based catechesis taught in the home by parents.  
Family will gather 1x a Month on weeknight in the Skylight Room.
- Sacrament Prep. - First Communion year 1 (FE1) \$85 per participant
- Sacrament Prep. - First Communion year 2 (FE1) \$85 per participant
- Sacrament Prep. - RCIA1 & RCIA2 \$85 per participant
  - RCIA1 - **Spanish** Sunday 12:00 pm - 1:30 pm
  - RCIA1 - **English** Sunday 10:00 am - 11:30 am.
  - RCIA2 - **Spanish** Sunday 12:00 pm - 1:30 pm
  - RCIA2 - **English** Sunday 10:00 am - 11:30 am.
- Catechesis of the Good Shepherd (CGS) \$60 per participant
  - CGS 1 (Level 1 - Atrium)**
    - 3 years old
    - 4 years old
    - 5 years old
    - 6 years old
    - English**
      - Mondays 6:30 pm - 8:00 pm
      - Tuesdays 10:00 am - 11:30 am
      - Sundays 10:00 am - 11:30 am
    - Spanish**
      - Tuesdays 5:00 pm - 6:30 pm
      - Sundays 11:30 am - 1:30 pm
  - CGS 2 (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

**MIDDLE SCHOOL & HIGH SCHOOL MINISTRY**

**Cost**

<input type="checkbox"/>  Edge - Sundays 5:15 pm - 6:45 pm	\$85 per participant
<input type="checkbox"/>  Youth Group - Dates Will Vary	No Charge
<input type="checkbox"/>  Confirmation I Preparation - Sundays 2:15 pm - 3:45 pm	\$100 per participant
<input type="checkbox"/>  Confirmation II Preparation - Mondays 6:30 pm - 7:45 pm	\$100 per participant
<input type="checkbox"/>  RCIA1 - English Sunday - 10:15 am - 11:45 am	\$85 per participant
<input type="checkbox"/>  RCIA2 - English Sunday - 10:15 am - 11:45 am	\$85 per participant
<input type="checkbox"/>  RCIA1 - Spanish Sunday - 12:15 pm - 1:45 pm	\$85 per participant
<input type="checkbox"/>  RCIA2 - Spanish Sunday - 12:15 pm - 1:45 pm	\$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 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:

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## 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.

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## 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:

## 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 and also includes a light snack for Edge and HS Youth Group.

**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: \_\_\_\_\_  
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