

**Two Holy Martyrs (ST. SYMPHOROSA & ST. RENE) FAITH FORMATION  
REGISTRATION 2024 - 2025**

Mailings should be sent to:    Mr. & Mrs.            Mr.            Mrs.            Ms.            (Circle One)

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

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

Phone \_\_\_\_\_ Home Language \_\_\_\_\_

**\*Family Email Address** \_\_\_\_\_

**\*Email will be used to contact families with program information – Please print clearly.**

<u>Father</u>	
First Name	_____
Last Name	_____
Religion	_____
Occupation	_____
Work Phone	_____
Cell Phone	_____

<u>Mother</u>	
First Name	_____
Last Name	_____
Maiden Name	_____
Religion	_____
Occupation	_____
Work Phone	_____
Cell Phone	_____

Child lives with -        Both Parents        Father        Mother        Other \_\_\_\_\_

Do both parents have legal access?        Both Parents        Father        Mother

Child's First/ Middle/ Last Name	Birth Date	Sex	Name of the Primary School	2024/25 Grade	Needing Comm. ? Y/N

*If parents are divorced or separated, we presume that both parents have access to the children unless one parent can provide evidence that he or she has the sole right. In these cases, our program abides by the provision of the Buckley Amendment. Divorced and/or separated parents must file a court certified copy of the custody section of the divorce decree (or separation agreement) when the child is enrolled in the program.*

**EMERGENCY Information**

Student Name _____	Grade _____	Allergies _____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Where can parent/guardian be reached if not at home during class hours?

Mother \_\_\_\_\_ Phone \_\_\_\_\_

Father \_\_\_\_\_ Phone \_\_\_\_\_

Names of two (2) adults who will assume responsibility if parents cannot be reached:

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

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

Additional information that we need to know about your child/children to be of help to him/her for example, learning disabilities, allergies, physical disabilities, medical problems etc. (Please indicate here if our office should call you for more details.)

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

Name of Physician \_\_\_\_\_ Phone \_\_\_\_\_

Medical Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_

**MEDICAL RELEASE**

In the event that the undersigned, or my (our) authorized physician, cannot be reached and in the judgment of the Coordinator of Faith Formation or other person responsible for the program/group, or other appropriate staff member, there is a necessity for immediate examination and /or treatment of my child, I (we) hereby authorize any of the aforesaid personnel to obtain for my (our) child such medical services as are deemed necessary. I agree to assume the financial responsibility for any diagnosis/treatment and for medication deemed necessary.

**Dates for which release is intended:** June 1, 2024 to June 1, 2025

\*Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

**PHOTO PERMISSION FORM**

The activities of the Faith Formation program may be published in our Parish communications. Although much of the information will be in word form, we hope that photos and other graphics will be an important part of our electronic publication. In light of this, we need your permission to include photos of your child/children. These are usually photos of groups of children. Know that we will follow suggested safety and privacy guidelines. No names or personal information will ever be posted.

Please fill in the blank, check the appropriate box, sign and date your reply. I have read the notice about possible publication of my child/children's photo in the Parish communications effective from June 1, 2024 to June 1, 2025.

YES, I grant permission for the Faith Formation to publish my child/children's photograph in Parish publications for the school year of 2024-25.

\_\_\_\_\_ NO, I would prefer that my child/children's image not be published at this time.

\*Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

**IMPORTANT: Please Check one of the following.....**

\_\_\_\_\_ **ST. SYMS CAMPUS - SATURDAY MORNING CLASSES – 9am until 10:30am**

\_\_\_\_\_ **ST. SYMS CAMPUS - WEEKDAY EVENING CLASSES – TUESDAY’S 6PM – 7:30PM**

\_\_\_\_\_ **Summer Sacrament Classes (these classes are scheduled only if there is enough enrollment... Call Ms. Peg for further information.)**

<b>Family of 1</b>	<b>\$250.</b>	
<b>Family of 2</b>	<b>\$275.</b>	
<b>Family of 3+</b>	<b>\$300.</b>	
<b>Sacramental Fee</b>	<b>\$40.</b>	<b>Additional Fee per student if receiving the Sacraments of Reconciliation, Communion or Confirmation.</b>

**Cash or Check is acceptable. Please make checks payable to: Two Holy Martyrs Parish.**

**Tuition due at the time of Registration.**

We would like to encourage you to become involved in our Faith Formation Program. It is an opportunity for your own personal enrichment and the formation of your children’s faith. Please indicate in what capacity you would like to be involved in our program:

_____ Catechist	_____ Substitute Catechist
_____ Office Assistant (during classes)	_____ Special Needs Friend

**PARENTS’ COVENANT**

**In signing this registration, I/we are aware of our importance in my/our child’s Faith Formation. I/we agree that, as parents, we are responsible for their spiritual growth, which includes: child’s attendance and Christian behavior at Faith Formation classes; weekly Mass attendance, and attendance at parents’ meetings for Sacramental preparation. I/we understand that the Staff and Catechists of this program are here to assist in the Faith Formation of my/our child/children and I/we promise to cooperate and support the process.**

**Parent(s) Signature \_\_\_\_\_ Date \_\_\_\_\_**

FOR OFFICE USE ONLY:

PAYMENTS

Date: \_\_\_\_\_  
Amount Paid \_\_\_\_\_

Check No: \_\_\_\_\_

Date: \_\_\_\_\_  
Amount Paid \_\_\_\_\_

Check No: \_\_\_\_\_

Parish ID Number: \_\_\_\_\_

# Sacramental Records

1st Child's Name: \_\_\_\_\_

2nd Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Father's Name: \_\_\_\_\_

## Sacraments Received

### Baptism

Date of Sacrament: \_\_\_\_\_

Church: \_\_\_\_\_

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

\_\_\_\_\_

## Sacraments Received

### Baptism

Date of Sacrament: \_\_\_\_\_

Church: \_\_\_\_\_

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

\_\_\_\_\_

### First Communion

Date of Sacrament: \_\_\_\_\_

Church: \_\_\_\_\_

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

\_\_\_\_\_

### First Communion

Date of Sacrament: \_\_\_\_\_

Church: \_\_\_\_\_

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

\_\_\_\_\_

### Confirmation

Date of Sacrament: \_\_\_\_\_

Church: \_\_\_\_\_

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

\_\_\_\_\_

### Confirmation

Date of Sacrament: \_\_\_\_\_

Church: \_\_\_\_\_

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

\_\_\_\_\_

A copy of your child/children's Baptismal Certificate is needed for our files. If transferring into our program, a transfer report must be requested from the previous school or religious education program.

# Sacramental Records

3<sup>rd</sup> Child's Name: \_\_\_\_\_

4<sup>th</sup> Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Father's Name: \_\_\_\_\_

## Sacraments Received

## Sacraments Received

### Baptism

### Baptism

Date of Sacrament: \_\_\_\_\_

Date of Sacrament: \_\_\_\_\_

Church: \_\_\_\_\_

Church: \_\_\_\_\_

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

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

\_\_\_\_\_

\_\_\_\_\_

### First Communion

### First Communion

Date of Sacrament: \_\_\_\_\_

Date of Sacrament: \_\_\_\_\_

Church: \_\_\_\_\_

Church: \_\_\_\_\_

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

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

\_\_\_\_\_

\_\_\_\_\_

### Confirmation

### Confirmation

Date of Sacrament: \_\_\_\_\_

Date of Sacrament: \_\_\_\_\_

Church: \_\_\_\_\_

Church: \_\_\_\_\_

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

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

\_\_\_\_\_

\_\_\_\_\_

A copy of your child/children's Baptismal Certificate is needed for our files. If transferring into our program, a transfer report must be requested from the previous school or religious education program.

## **FAITH FORMATION PROGRAM SPORTS POLICY**

**FAMILIES AND STUDENTS IN GOOD STANDING** enrolled in the Faith Formation Program are eligible to participate in the various programs offered by the St. Symphorosa Athletic Association. The sports policies for the Faith Formation Students and families are as follows.

### **SPORTS PROGRAM ELIGIBILITY**

In order to be eligible to participate in the Sports Program all families and students must be active, registered members of St. Symphorosa & Rene Parish and who are enrolled in the Faith Formation Program. Active members are defined as families who are formally registered with and attending Mass at St. Symphorosa & Rene Parish on a consistent basis.

**Prior to participating on a sports team sponsored by the St. Symphorosa Athletic Association, all Faith Formation Program fees and financial obligations must be met. Full payment of tuition and all fees must be made prior to the start of classes.**

To remain eligible to compete in sports teams sponsored by the St. Symphorosa Athletic Association, Faith Formation students must have a consistent record of class attendance. More than two (2) absences per semester (four (4) for the academic year) may result in student sports ineligibility, pending the decision of the Coordinator of Faith Formation. Reinstatement to eligible status for sports participation can be considered after the student, as well as his /her parent or guardian, has completed a formal meeting with the Pastor and the Coordinator of Faith Formation. The Athletic Association Board and the individual team coach(es) will be notified by the Faith Formation Office of student ineligibility as well as student reinstatement.

As a Catholic community, one of the primary missions of our Parish is the Faith Formation for all of our young people. Participation in our program demands consistent attendance, good student effort, and behavior becoming of a Catholic Christian student.

Should a student leave the program after the end of the sport's season, they will be ineligible to play that sport for the following academic school year.

As Catholic Christians, all members of our Parish are called to be Christ's witnesses to the world. Therefore, good sportsmanship and exemplary conduct are required of both sports participants and family members.

**ANYONE NEGATIVELY AFFECTING THE GOOD NAME OF ST. SYMPHOROSA & ST. RENE PARISH OR DAMAGING IT'S REPUTATION THROUGH INAPPROPRIATE BEHAVIOR ON THE FIELD OF PLAY OR IN THE STANDS WILL NOT BE ELIGIBLE FOR CONTINUED PARTICIPATION.**