



**BLESSED SACRAMENT
ROMAN CATHOLIC PARISH**

11300 North 64th street
Scottsdale, Arizona 85254
Phone: (480) 998-1665 Fax: (480) 951-3844
www.bscaz.org

FAITH FORMATION & EDUCATION

Elementary Religious Education
&
Sacramental Preparation

School Year 20____ ~ 20____

Received in FFE Office
Date / Initials

FAMILY INFORMATION FORM

Please print all information clearly – One folder per family

Parent/Legal Guardian Last Name:

Registered Parishioner*: Y N

Child(ren) last name, if different than parent's:

**If you are not a registered parishioner of Blessed Sacrament, a letter from your current Pastor granting permission for Sacramental Preparation is required.*

PARENT/GUARDIAN INFORMATION

Parent/Legal Guardian Full Name(s):

Marital Status (circle): Married Single Divorced Widowed

Address:

City:

Zip:

Home Phone:

Primary Contact Cell:

Email:

EMERGENCY CONTACT

Name:

Relationship

Phone:

ADDITIONAL INFORMATION

Are you willing to assist as a **volunteer**? No Yes; if yes, which program: RE Youth Ministry

Are you willing to **substitute** in your child's class? Yes No

Please explain any legal or custodial issues the parish should be aware of: N/A Yes, see below:

Please list any allergies, including food, for any registering child: N/A Yes, see below:

If your child needs special services please explain: N/A Yes, see below:

FEES

R.E. FEES: FIRST STUDENT: \$70.00; ADDITIONAL STUDENTS FROM THE SAME FAMILY: \$40.00; FAMILY MAXIMUM: \$150.00

**SACRAMENTAL PREPARATION MATERIALS FEES: RECONCILIATION: \$30.00; CONFIRMATION & FIRST COMMUNION: \$60.00;
CONFIRMATION ONLY: \$30.00**

For Office Use Only: Registered

PDS

Flocknote

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STUDENT INFORMATION AND CLASS SELECTION

ELEMENTARY		
Monday	4:30 – 6:00 p.m.	1 st – 3 rd grades
	6:30 – 8:00 p.m.	2 nd – 5 th grades
Tuesday	4:30 – 6:00 p.m.	1 st – 5 th grades

**Registering for a specific time slot does guarantee that class time. Classes may be cancelled due to insufficient number of students and/or volunteers. When registering, please check your family schedule and reserve the time for the entire year in order to ensure your child(ren)'s availability during the time you select.*

PLEASE FILL OUT FOR EACH CHILD	BAPTIZED	CLASS PREFERENCE <i>Indicate 1st & 2nd choice</i>	SACRAMENTAL PREPARATION <i>Reconciliation – usually celebrated in 2nd grade. Confirmation / First Eucharist – usually celebrated in 3rd grade.</i>	FEES <i>PLEASE CIRCLE ALL THAT APPLY</i>
_____ Print First & Last Name _____ <i>Date of Birth</i> Male or Female _____ School _____ Grade	<input type="checkbox"/> Catholic <input type="checkbox"/> Never Baptized <input type="checkbox"/> Other <i>Christian Denomination</i>	– Mon 4:30 – Mon 6:30 – Tues 4:30 _____	<input type="checkbox"/> Reconciliation o Sunday at 12:00 pm – 1:30 pm <i>or</i> o Tuesday at 6:30 pm – 8:00 pm <input type="checkbox"/> Confirmation/First Eucharist o Sunday (1 per month) at 12:00 pm – 3:00 pm <i>or</i> o Tuesday (2 per month) at 6:30 pm – 8:00 pm <input type="checkbox"/> Confirmation Only	\$70.00 (RE) \$30.00 (Reconciliation) \$60.00 (Confirmation & 1 st Communion) \$30.00 (Confirmation Only)
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RELEASES & PERMISSIONS

I, _____ (Parent/Guardian Name), request that my **child(ren) as listed on page 3 of this form** be allowed to participate in the Faith Formation & Education program at Blessed Sacrament Roman Catholic Parish. This program will take place under the guidance and direction of parish employees and/or volunteers from Blessed Sacrament Roman Catholic Parish. As parent and/or legal guardian, I remain legally responsible for any personal actions taken by the child(ren) named on page 3 of this form.

I agree on behalf of myself, my child(ren) named herein, or our heirs, successors, and assignees, to hold harmless and defend Blessed Sacrament Roman Catholic Parish, its officers, directors, employees and agents, and the Diocese of Phoenix, its employees and agents, chaperons, or representatives associated with the event, from any claim arising from or in connection with my child's participation in the program or event associated with the program, illness 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 event 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

Medical Release: _____ (Parent/Guardian Initials)

In the event of an illness, I request that a designated agent of Blessed Sacrament Roman Catholic Parish obtain medical treatment on my behalf for my child. I will not hold Blessed Sacrament Roman Catholic Parish, the Diocese of Phoenix, the program volunteers, or church employees, responsible for any accident or injury.

Photo Release: _____ Approve (Parent/Guardian Initials) or _____ Deny (Parent/Guardian Initials)

I authorize that appropriate pictures of my child(ren) may be taken during activities. I hereby grant the use of and release to the Catholic Diocese of Phoenix and Blessed Sacrament Roman Catholic Parish the use of my child(ren)'s name or likeness, whether in still, motion pictures, audio and video tape, my child(ren)'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. These items may be used without limitation or reservation of any fee.

Behavior Agreement: _____ (Parent/Guardian Initials)

I agree that the child(ren) named for registration will dress and act with respect; will use no verbal or physical abuse of self or others; will not have in their possession at any time alcohol, non-prescription drugs, or tobacco of any kind; will be responsible for their own belongings. I have spoken with my child(ren) and he/she has agreed to follow the guidelines set above.

Sacramental Policy of the Diocese of Phoenix: _____ (Parent/Guardian Initials)

Sacramental preparation ***must coincide with regular*** weekly attendance in the parish Religious Education program. Students attending a Catholic School are waived from attending the weekly formation classes. Weekly Sunday Mass attendance is expected. Students missing more than a quarter of classes may be asked to have an interview with the director prior to being admitted to the Sacraments. In some cases, parents may be asked to delay the reception of the Sacraments for a year because the child is clearly unprepared.

Class Placement and Class Changes Policy: _____ (Parent/Guardian Initials)

We try our best to place your child in your 1st choice but classes are filled on a first come first serve basis. Efforts are made to maintain a class capacity of a maximum of 15 students per class. Accommodations for class changes will only be considered in extreme cases. Please check your family's schedule for the year before submitting registration and committing to the class time for this religious education school year.

By signing below I authorize that a copy of this form may be kept at Blessed Sacrament Roman Catholic Parish and used in case of emergency. ***If in a shared custody situation, please provide both Parent signatures or a letter from the other parent granting agreement for the child to participate.***

Mother/Father/Legal Guardian

Date

Mother/Father/Legal Guardian

Date

Family Name: _____

Formation Year: _____