



2024-2025 St Mary, Kouts Family Faith Formation Enrollment Form

Faith Formation sessions will be offered at Holy Spirit and St Helen. Holy Spirit will be offering monthly Family Faith Formation on Sundays at 9 am before the 11 am Mass and St Helen's will be at 10 am following their 9 am Sunday Mass. It has also been shared that some St Mary's families would like an opportunity to attend a Monday evening session that Holy Spirit already provides. Our One Catholic Families will be able to choose to register for the Family Faith Formation Session location that works best for their families.

Sacrament preparation sessions will be provided by Holy Spirit. Holy Spirit provides preparation for the sacraments of First Reconciliation with monthly Saturday morning sessions in the Fall and First Eucharist with monthly Saturday morning sessions from January through May. Confirmation Prep is provided at Holy Spirit as a two-year program with preparation beginning in 7th Grade as year 1 for those eligible and 2nd-year preparation beginning with 8th grade for those eligible to begin the final preparations to receive the sacrament on Thursday evenings.

We will be providing you with the Faith Formation Schedules for Holy Spirit and St Helen and you can choose which program works best for your family.

Family Catechesis is Faith Formation for the whole family at the same time. Pope Francis is encouraging that parents live out the promise they made at their child's Baptism and accept the role as primary educator of faith with their children.

Family Catechesis is done by entire families coming together to share, pray and learn about the faith together. One Catholic Family Faith Formation is a unique program intended to aid and encourage parents as the primary teachers in faith formation.

In an effort as a parish to assist you in carrying out your responsibilities, our Family Faith Formation requires families to:

- **Attendance of monthly parent-student classes**
- **Pray with your children**
- **Weekly Mass attendance**

Formation is our goal. We hope to help our families become informed, active participating parishioners who are forming and supporting each other in love, worship and service as Jesus did. Family Faith Formation is designed to teach us how to grow in our relationship with God through His word.

Our family faith formation program is designed to help our families learn how to think in a Catholic Christian context. As we learn the process of finding God's direction in our lives, our learning strengthens our relationship with God and faith continues to form and grow.

2024-2025 Family Faith Formation
St. Family Faith Formation Enrollment Form

Are you a new Family in FAMILY FAITH FORMATION? Yes ___ No ___

Are you registered with at St Mary parish? Yes ___ No ___

Registrations cannot be processed unless you are formally registered with the parish.

Family Last Name _____ Home Phone _____

E-Mail Address _____ E-mail Address _____

Address _____ City _____ State _____ Zip _____

Mother's Name _____ Mother's Maiden Name _____

Mother's Work Phone () _____ Mother's Cell Phone () _____

Father's Name _____

Father's Work Phone () _____ Father's Cell Phone () _____

We wish attend Family Faith Formation at _____ St Helen _____ Holy Spirit

I have a child in Confirmation this year, they will attend at _____ St Helen _____ Holy Spirit

STUDENT #1 INFORMATION Nickname (if applicable) _____ Circle one: Male Female

Last Name _____ First Name _____ Middle Name _____

Birthdate _____ City and State of Birth _____

Record of Baptism _____

Month/Day/Year

Church

City

State

School Name _____ Grade as of Aug. 1, 2024 _____

My child has received the following sacraments: Baptism Reconciliation Eucharist Confirmation

I wish to enroll my child in Sacrament Preparation for: Reconciliation Eucharist

Confirmation

STUDENT #2 INFORMATION Nickname (if applicable) _____ Circle one: Male Female

Last Name _____ First Name _____ Middle Name _____

Birthdate _____ City and State of Birth _____

Record of Baptism _____
Month/Day/Year Church City State

School Name _____ Grade as of Aug. 1, 2024 _____

My child has received the following sacraments: Baptism Reconciliation Eucharist Confirmation

I wish to enroll my child in Sacrament Preparation for: Reconciliation Eucharist
Confirmation

STUDENT #3 INFORMATION Nickname (if applicable) _____ Circle one: Male Female

Last Name _____ First Name _____ Middle Name _____

Birthdate _____ City and State of Birth _____

Record of Baptism _____
Month/Day/Year Church City State

School Name _____ Grade as of Aug. 1, 2024 _____

My child has received the following sacraments: Baptism Reconciliation Eucharist Confirmation

I wish to enroll my child in Sacrament Preparation for: Reconciliation Eucharist
Confirmation

STUDENT #4 INFORMATION Nickname (if applicable) _____ Circle one: Male Female

Last Name _____ First Name _____ Middle Name _____

Birthdate _____ City and State of Birth _____

Record of Baptism _____
Month/Day/Year Church City State

School Name _____ Grade as of Aug. 1, 2024 _____

My child has received the following sacraments: Baptism Reconciliation Eucharist Confirmation

I wish to enroll my child in Sacrament Preparation for: Reconciliation Eucharist
Confirmation

TUITION FEES

A \$25.00 deposit fee is due at the time of registration; this fee will be applied toward your total tuition

Make checks payable to: St. Mary and write FAITH FORMATION in the memo section. Please send payment to St Mary or Put in an envelope labeled Faith Formation and drop in the collection basket

_____ **\$150 Family Faith Formation or Confirmation Only Fee**

Additional Sacrament Fees

_____ **\$ 35 First Reconciliation Fee**

_____ **\$ 35 First Eucharist Fee**

_____ **\$ 50 Confirmation Fee (when other family members are also in Family Faith Formation)**

Enclosed is payment: Paid by Check # _____ Date _____ Amount \$ _____ Cash Amount \$ _____

___ We are unable to pay in full at this time but have included \$25 deposit and will complete payments by April 1st.

___ If your family needs are such that you are unable to pay the regular tuition amount, please consult the Director of the program.

MEDIA PERMISSION RELEASE

I hereby consent to my child/children being interviewed, photographed and/or videotaped by representatives of Holy Spirit Parish, its agents and independent contractors. Any information or images obtained from those activities may be reproduced by the parish and/or the public media for use in advertising, publicity, or educational activities, including, but not limited to, parish publications and/or videos, print and television news and parish websites. I hereby waive any claims I may have and release the parish and its employees from any liability or claims arising out of such activities.

Yes No

Family Member Name _____ Family Member Name _____

Family Member Name _____ Family Member Name _____

Family Member Name _____ Family Member Name _____

Family Member Name _____ Family Member Name _____

Signature of Parent/Guardian

Print Parent/Guardian Name

Date

Address

City, State, Zip Code

*NOTE: THIS PERMISSION AND RELEASE IS VALID, AS EVIDENCED BY YOUR SIGNATURE HEREON, FOR A PERIOD OF THREE (3) YEARS FROM THE DATE STATED HEREIN, UNLESS RESCINDED IN WRITING BY YOU AND DELIVERED TO HOLY SPIRIT PARISH PRIOR TO THE EXPIRATION OF THE THREE-YEAR PERIOD.

SPECIAL CIRCUMSTANCES

Please indicate below any special circumstances regarding your child or family. This information will assist your child's catechist to fully minister to their needs. If your child has a learning disability, a food allergy or some other physical concern, please indicate it on this form. If allergy is potentially life threatening, please meet with the Director to discuss. This information will be treated as confidential.

Mixed religious beliefs _____ Recent crisis/death in the family _____ Any deaf family members _____

Are there any parental custodial circumstances that might affect your child's attendance? _____

Does your child have special placement in the school he/she attends? Yes _____ No _____

Child's Name _____ If yes, please explain _____

Does your child have a medical condition, food allergies or behavioral problems? Yes _____ No _____

Child's Name _____ If yes, please explain _____

EMERGENCY CONTACT INFORMATION

List two neighbors or relatives to be called if needed.

Name _____ Preferred Phone _____ Relationship _____

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