

Department of Catechesis Formation Schedule
ELEMENTARY and JR HIGH GRADES Pre K through 8TH
SACRAMENT PREPARATION 7 years old through 17 years
BAPTISM, RECONCILIATION, CONFIRMATION AND HOLY COMMUNION
Yvette Meyer PHONE (480) 838-3479 Email: ymeyer@holyspirit-tempe-az.org

(Circle One)

Catechesis of the Good Shepherd (3-6) Monday 4:30-5:30 p.m. or Tuesday 5:00-6:00 p.m.

1st, 2nd, 4th, 5th, Grade Monday 4:30-5:30 p.m.

2nd – 12th Grade Sacrament Prep Monday 4:30-5:30 p.m. or 6:00-7:00 p.m. or Tuesday 5:00-6:00 p.m.

3rd -High School Sacrament Prep Monday 6:00-7:00 p.m.

4 & 5 Grade Monday 6:00-7:00 p.m. Tuesday 5:00-6:00 p.m.

Young Apostles 6th-8th Grade Monday 6:00-7:00 p.m.

Thanh Linh 1st-12th Grade Sunday 1:30-2:30 p.m.

Sacrament Preparation:

Baptism, Confirmation and 1st Eucharist (Rite of Christian Initiation of Children & Teens) 7 years -17 years

First Reconciliation-7 years -17 years

Confirmation /First Eucharist 8 years -17 years

Confirmation only- 9 years -17 years

Students preparing for sacraments must bring a copy of the birth and baptismal certificates at registration. Students receiving baptism and/or full initiation (7 years-17 years) must bring a copy of the birth certificate and if baptized in other Christian church, a copy of the baptismal certificate.

FLIGHT- HIGH SCHOOL GRADES 9th -12th

meet Monday evenings from 6:30 - 8:00 p.m.

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Medical Conditions and or Allergies Please list any medical conditions or special considerations we should know for your child. Please also list any medications that need to be administered during the program. If you have more than one child, please indicate which child has the medical conditions.

Child's Name	Allergy	Medical Condition	Prescription Provided
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____

_____ **Medical Treatment** I request that the above named child/children be allowed to participate in the Religious Formation classes at Holy Spirit Catholic Church. In the event of an illness, I request that the designated volunteer or staff member obtain medical treatment on my behalf for my child if we, or the emergency contact person, cannot be reached. I understand reasonable precautions will be taken to safeguard the health and well-being of my child and that I will be contacted immediately in case of emergency or accident. I will not hold Holy Spirit Catholic Church, the Diocese of Phoenix, the chaperones, coaches, volunteers or the Youth Minister responsible for any accident or injury including those related to COVID-19. I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend Holy Spirit Catholic Church, its officers, directors, employees and agents and the Diocese of Phoenix, its employees and agents, chaperons, or representatives associated with the program, from any claim arising from or in connection with my child attending the program or in connection with any illness (including COVID-19) or injury (including death) or cost of medical treatment in connection therewith and I agree to compensate the parish, its officers, directors and agents and the Diocese of Phoenix, its employees and agents and chaperons, or representative associated with the program 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.

_____ **General Waiver for On-Campus Participation** I specifically acknowledge and assume the risks and hazards associated with the novel COVID-19 virus due to my child's on campus participation. I understand and voluntarily assume the risk that my child may acquire COVID-19, and that COVID-19 may subsequently be transmitted from my child to me, my family, and members of my household. I will notify Holy Spirit Parish and not send my child to parish functions if my child is sick, has COVID-19 symptoms, or has been in close contact with someone who shows symptoms of or has been diagnosed with COVID-19 until after a 14 day exposure period has been exhausted for my child with no symptoms.

_____ **Photographic and Interview Release** I authorized that appropriate pictures of my child may be taken during youth group sessions and activities. I hereby grant the use of the release to the Catholic Diocese of Phoenix and Holy Spirit Catholic Church the use of my child's name or likeness, whether in still, motion pictures, audio and video tape, my child'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, including the internet and/or world wide web, or other purpose whatsoever, except for the endorsement of any commercial products. These items may be used without limitation or reservation of any fee.

CHILD PICK-UP AUTHORIZATION FORM

Child's Name: _____
Main pick-up person: _____
Name: _____
Address: _____

Relationship: _____ Cell Phone: _____

Additional persons who may pick up child/children on a less frequent basis:

Name: _____
Address: _____
Relationship: _____ Cell Phone: _____

Name: _____
Address: _____
Relationship: _____ Cell Phone: _____

Person(s) NOT authorized to pick up my child/children:

Note: Any person unfamiliar to me will be required to show proof of identification. Under NO circumstances will the child be released to anyone other than those listed above without WRITTEN permission from the parent.

Mother's Signature: _____ Date: _____
and / or
Father's Signature: _____ Date: _____