



FAITH FORMATION 2020-2021

FAMILY.FAITH.FIRST.

St. Mark's COVID-19 Response

We, as a staff at St. Mark's, recognize these are unique times. In an effort to honor the chaotic nature of family life in a pandemic, while also keeping our Catholic Christian faith at the center of our lives, we are introducing **Family.Faith.First.** Utilizing material from *Finding God: Our Response to God's Gifts*, a publication of Loyola Press, **Family.Faith.First.** is a platform specifically designed to aid St. Mark's families in seeking God and fostering Christian community even during a pandemic. From October through May on the first Sunday of the month we will be releasing half hour videos for families that correspond with questions and activities to be done in the home. We recommend for each family to schedule a set time that works for them on or near the video release date to come together to learn and to pray. Every month has a theme that can be returned to throughout the entire month. This program will enable and encourage family members of all ages to participate; however, we will be providing additional content and resources that will be required for those in the Sacramental years of second and third grade. Your registration in this program will provide you with access to a variety of online content, including content that is specific to adults. Those with children in middle school and high school register for this program for them to participate twice a month in EDGE, our middle school ministry, or Summit, our high school ministry.



PLEASE CONTACT THE PARISH OFFICE
WITH ANY QUESTIONS 603-432-8711

FAMILY. FAITH. FIRST.
(Faith Formation in response to the COVID-19 pandemic)
Registration Form
All Age Levels

FAMILY LAST Name:	ADULT Name: ADULT Name:
ADDRESS:	CITY/ZIP:

EMAIL:	PHONE #:
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CHILD Name:	M / F	Grade Entering in Fall 2020/21 school year:
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Registration Fee: Prices are for BOTH Family and Adult	
<input type="checkbox"/> SESSION 1: (Oct - Jan) \$75	<input type="checkbox"/> SESSION 2: (Feb - May) \$75
*Save \$10 if you register for Session 1 & 2.	
<i>**Session 1 and 2 must be completed by those in a Sacramental year</i>	

FOR OFFICE USE: FLOCKNOTE <input type="checkbox"/>	<input type="checkbox"/> Cash <input type="checkbox"/> CC <input type="checkbox"/> Check # _____ Amount: _____	Confirmation Date: Parish: First Eucharist Date: Parish:
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Permission Slip¹

Please return by: October 31, 2020.

I _____ hereby give "My Child" _____
(Parent/Guardian Name) **(Child Name)**

permission to participate in the "Activity" described below.

Diocese Location	St. Mark the Evangelist
Activity Description	FAMILY.FAITH.FIRST
Date(s) and Times*	October 2020 - May 2021
Transportation Provided?	<input type="radio"/> Yes <input type="radio"/> No
Special Instructions, if any	N/A
Cost	\$75.00/ session, make check payable to St. Mark the Evangelist
Volunteers Needed ²	Yes Volunteer Cost: \$0

* If the Activity cannot be held on the Date or Times listed above, I intend for this Permission Form to apply and be effective for any rescheduled Date(s) and Times for the Activity.

I certify that My Child is physically fit and capable of taking part in the Activity.

I give permission for My Child to receive any emergency medical treatment deemed necessary until the Emergency Contact(s) can be notified, and I agree I will assume full responsibility for the payment of such treatment.

Emergency Contact: _____ Phone: _____

Alternate Contact: _____ Phone: _____

On the lines below, I have listed any medical condition, physical disability, and medical, food, insect, and other allergy that may be relevant to rendering medical care. Any medication taken during the Activity must be provided in its original container.

I understand that photographs and videos of My Child may be taken, and I authorize them to be used for publicity.

I understand that staff will use their best efforts to supervise the Activity; however, I agree and acknowledge that the Roman Catholic Bishop of Manchester, a Corporation Sole d/b/a as the Diocese Location and its respective directors, officers, trustees, employees, and volunteers shall not be responsible for bodily injury or loss of or damage to personal property that may result from the Activity.

Parent/Guardian Signature: _____ Date: _____

For Volunteers³:

I voluntarily agree to assist with the Activity. I give permission to receive any emergency medical treatment deemed necessary until the Emergency Contact(s) can be notified, and I agree I will assume full responsibility for the payment of such treatment.

Volunteer's Signature: _____ Date: _____

Email: _____ Phone: _____

¹ This Permission Slip is required from minors to participate in a trip (day or overnight) or for minors to volunteer.

² Must be age 21 or older to serve as a chaperone.

³ Volunteers must complete a Volunteer Application and Agreement and fulfill all applicable Safe Environment requirements.