



Welcome!

We provide religious instruction and spiritual formation for children and youth in grades 8-12. Students must participate in two consecutive years of religious education in order to receive confirmation and/or communion. Students in grade 8 or higher may begin preparing for confirmation. Youth who have been confirmed and are 18 years old or younger are welcome to continue participating in Youth Group.

Registration Dates

- May 2018- Registration opens for second year classes. Forms available in the office and given out during class sessions.
- Saturday June 23rd – 9am-1 pm – Registration event - For first year students who are Cornelius residents **or** registered parishioners who have been using offertory envelopes at least 2 times per month for at least 6 months; Second year student applications will also be accepted for resident/parishioners or non – resident/parishioners.
- Weekend of July 28th/29th – General registration opens. Registration available after all masses.
- August 29th – last day to register for 2018-2019 classes.

Options

A) First Year	B) Second Year Confirmation	C) Youth Group – Time and date TBA
1. Faith formation class - HS only, bilingual class Saturdays 10:45am-12 pm	Sacramental Preparation - Bilingual, Sundays 5:30 pm starting September 16 th .	1. As First Year Confirmation Preparation
2. Ministry participation (bilingual, meeting dates TBA)		2. In addition to options A or B.
3. Faith formation class - 8th grade - Class R, in Spanish 5:30-6:45 pm Mon. - Class X, in English 5:30-6:45 pm Tues.		3. After Confirmed, HS student

Fees

- First year and continuing education: **\$50** per student.
- Second year (students who will receive Confirmation and/or First Communion in 2018): **\$70** per student.
- \$10 discount per student if you pay in full at the time of your registration.
- At least half the cost is due at the time of registration to reserve a place.
- Discount for registering multiple children in the same family: First and second child full price. \$30 each for each subsequent child to cover the cost of books and materials.
- Questions regarding fees should be directed to the director of religious education. (503) 359-0304 x15

Parent/Guardian Commitment

When you enroll your children, parents and guardians commit to:

- Praying with your children at home every day.
- Attending mass every week with your children and registering your attendance by using offertory envelopes.
- Participating in parent talks during your children's class session.
- Helping your children do their homework and learn their prayers.
- Being a role model in faith and moral values for your children.
- Supporting our parish community with your time, talent and treasure, according to your ability.
- Arriving on time and keeping track of the schedule using the calendar provided.
- Paying your registration fees in full by the end of the year.

For More Information: Please contact the Director of Religious Education, 503-359-0304 ext. 15.



Student

Legal name _____ Last name _____
 Address _____
 Sex (circle one) male female Date of birth _____
 Grade in September 2018 _____ School _____
 Language(s) spoken _____
 With whom does the student currently live? _____

Parents/Guardians

1. First name _____ Last name _____
 Address _____
 Home phone _____ Cell phone _____
 Work phone _____ Email _____
 Marital status _____ Relationship to student _____
 Religion _____ Language(s) spoken _____

2. First name _____ Last name _____
 Address _____
 Home phone _____ Cell phone _____
 Work phone _____ Email _____
 Marital status _____ Relationship to student _____
 Religion _____ Language(s) spoken _____

How often does your family attend mass? _____ At what parish? _____
 Information and materials for the parents/guardians should be provided in (choose one) English Spanish

A messaging service, Flocknote, is used to reach families in the religious education program and other parish ministries. In case of last minute class cancellation due to inclement weather, or other reminders, please provide either a number that receives text messages or an email address that you will check regularly: _____

Choose option(s)

A) First Year
1. Faith formation class - HS only, bilingual class Saturdays 10:45am-12 pm
2. Ministry participation (bilingual, meeting dates TBA)
3. Faith formation class - 8th grade - Class R, in Spanish 5:30-6:45 pm Mon. - Class X, in English 5:30-6:45 pm Tues.

B) Second Year Confirmation
Sacramental Preparation - Bilingual, Sundays 5:30 pm starting September 16 th .

C) Youth Group – Time and date TBA
1. As First Year Confirmation Preparation
2. In addition to options A or B.
3. After Confirmed, HS student

Sacraments

Has the student been baptized? Yes No (If no, attach copy of birth certificate.)
 Has the student received first communion? Yes No (If no, attach copy of baptismal certificate.)
 Has the student received confirmation? Yes No (If no, attach copy of baptismal certificate.)

Office use
Date rec'd _____
By _____
Env. # _____
\$ 40 50 60 70
Receipt

First name

Last name

Additional Information (Confidential)

Does the student have any special needs? Is there any special situation or concern that you would like us to know about?

Medical and Emergency Information

In case of illness, accident or emergency to the student named above, the Archdiocese of Portland and its representatives are authorized to proceed as indicated below. Please number in order of preference the steps you wish us to take.

- Contact the parents/guardians named above.
 Contact another person. Name and phone number _____
 Contact family physician. Name and phone number _____
 Take student to the nearest emergency hospital.
 Other _____

Last tetanus vaccine/booster date _____
Medications (name, dosage, reason) _____
Allergies (food, medicines, insects) _____
Any physical or other restriction because of medical condition _____

Information about any injuries, recent surgery, prolonged illness, corrective lenses or special health problems that would help emergency personnel care for your child or which may require special attention

Medical insurance company _____ Group or identification number _____

Name and relationship to the student of any person, in addition to the parents/guardians named above, who are authorized to drop off and pick up the student (students are allowed to leave only in the company of the parent/guardian or an authorized person)

My son/daughter (has permission/does not have permission) to leave class unaccompanied. (circle one)

Parent Permission /Release and Waiver

I, the parent/guardian of the student named above, give my permission for his/her participation in Religious Education at St. Alexander Church and in all related activities. I agree to instruct the student to obey and follow the reasonable instructions of the staff and adult volunteers. I authorize the Archdiocese of Portland and its representatives to use their judgment in determining emergency care and procedures for my son/daughter. I also understand and agree that the Archdiocese assumes no financial obligation for expenses incurred in carrying out emergency procedures and/or emergency transportation.

Parent/guardian signature _____
Date _____