

St. Mary Catholic Church Religious Education

Mt. Angel , OR

2020-2021 Application/Registration

Parishioner ID# _____

Family Information

Head of Household: _____ Phone: _____
Last First

Additional Parent: _____ Phone: _____
Last First

Address: _____
Mailing Address Apartment/Unit #

City State ZIP Code

Email: _____

Are you a registered parishioner? YES NO *If no, additional paperwork is needed prior to enrollment.

Does your household have reliable internet access? YES NO Parent's Language: English Spanish Bilingual

Does your child have access to an internet capable device? (PC, chromebook, cellphone, etc.) YES NO

Student(s) Information

Student Name: _____ Birthdate: _____ School Grade for 2020-21: _____ Church of Baptism: _____
 Requested Class(es): Check all that apply. Prefer Bilingual Class, when available: YES NO
 Wed. Faith Formation (6:30pm) Reconciliation Prep –Year 1 (1st Mon. Evening – 6:30pm) Confirmation – Year 1 (1st Mon. Evening – 6:30pm)
 Sunday Faith Formation (11:10am) Eucharist Prep –Year 2 (1st Mon. Evening – 6:30pm) Confirmation – Year 2 (Various Sun. Afternoon – 2pm)

Student Name: _____ Birthdate: _____ School Grade for 2020-21: _____ Church of Baptism: _____
 Requested Class(es): Check all that apply. Prefer Bilingual Class, when available: YES NO
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Fees

*CHECK HERE if you are unemployed or in need of Financial Assistant or Scholarships. Families will never be turned away due to inability to pay.

Regular Faith Formation Class ONLY (\$25 per student) _____ x \$25 = _____
Number of Students

Reconciliation or Eucharist Prep & Faith Formation (\$50 per student) ... _____ X \$50 = _____
Number of Students

Confirmation – Year 1 or 2 & Faith Formation (\$100 per student) _____ x \$100 = _____
Number of Students

***Teaching/Assisting Discount (-\$50)**
 Check Here if you are willing to help in the classrooms. Grade K-High School *(-\$50) _____

Please include PAYMENT at time of registration. (\$25 Minimum)* **TOTAL DUE:** _____

Emergency Information

Emergency Contact: _____ Phone: _____
Relationship: _____

Any MEDICAL information we should know regarding your child(ren): _____

If it becomes necessary to discontinue live Faith Formation classes,
(1) will you continue with our Faith Formation Program? YES NO
(2) will you be interested in At-Home learning methods? YES NO

Comments: _____

Credit Card Payment Authorization (if needed)

Name on Card: _____ Billing Zip: _____
Card #: _____ Exp. Date: _____ CVN#: _____
Amount Authorized: _____ Signature/Date: _____

Sacrament Requirements

- For Baptism please attach a copy of the child's BIRTH CERTIFICATE.
- For Eucharist, Reconciliation, and Confirmation, please attach a copy of the child's BAPTISMAL CERTIFICATE.*
- To receive Sacraments, regular Faith Formation Class attendance (either Sunday mornings 11:10am-12:20pm OR Wednesday evenings 6:30-8pm), in addition to Sacrament Prep Class is required.
- Eucharist (1st Communion) is a 2-year process. Both years, in addition to regular Faith Formation Classes, they will also attend Sacrament Prep Classes the 1st Monday of each month 6:30-7:45pm. 1st year: Reconciliation Preparation. 2nd year: Eucharist Preparation. There is also a required day-retreat for each year. (They will receive their 1st Reconciliation towards the end of the 1st year**, and their 1st Communion towards the end of the 2nd year.)
- Confirmation is a 2-year process. Both years, youth are required to attend regular Youth Ministry Meetings, AND; for the 1st year of Confirmation preparation the youth must also attend Confirmation classes the 1st Monday of each month 6:30-7:45pm; for the 2nd year of Confirmation preparation the youth must also attend Confirmation Classes on additional Sundays throughout the year 2:00-4:0pm, attend Confirmation retreat, and submit various projects. See calendar for times & dates)

**Not necessary if Baptized at St. Mary Catholic Church, Mt. Angel.*

***For the year of 2020-21, the Eucharist students, who were unable to have a Reconciliation Retreat in the 2019-20 year will have an optional Reconciliation Retreat in the Fall.*

Release Information & Signature

May we contact your Jr. High and/or High School child(ren) via text message or email regarding class information and announcements?
YES NO

Child's Name: _____ Cell #: _____ Email: _____
Child's Name: _____ Cell #: _____ Email: _____
Child's Name: _____ Cell #: _____ Email: _____

I (print parent/guardian name) _____ do hereby release the Archdiocese of Portland in Oregon and St. Mary Catholic Church, Mt. Angel, their employees, and their representatives of all liability and claims of whatever kind and nature (including, but not limited to, injuries and death) arising out of or resulting from the participation of my son/daughter in activities sponsored by the Archdiocese of Portland and/or St. Mary Catholic Church, Mt. Angel. This release form liability does not extend to acts of negligence or willful disrespect for safety or well-being on the part of the Archdiocese of Portland in Oregon, St. Mary Catholic Church, Mt. Angel, their employees, or their representatives. I authorize the Archdiocese of Portland and its representatives to use their judgment in determining emergency care and procedures for my child. I also understand and agree that the Archdiocese assumes no financial obligation for expenses incurred in carrying out emergency procedures and/or emergency transportation.

I also hereby authorize the use of pictures and/or videos taken of my child(ren) participating in parish activities in St. Mary Catholic Church, Mt. Angel, for parish publications (i.e. Faith Formation booklets, Parish Bulletin, Parish Newsletter, Parish websites, Parish Social Media).

Initial here _____ if you prefer to **NOT** have your child(ren) in publications.

Parent/Guardian Signature: _____ Date: _____

Office Use: Date Received: _____ SM Rep: _____ Amount PAID: _____ Cash Card _____ Check # _____