

The Catholic Community of St. Thomas More

# BECOME CATHOLIC

*RCIA for Children and Youth*

**FOR  
UNBAPTIZED  
CHILDREN & YOUTH  
7 TO 17 YEARS OLD**

Children who have reached age seven, up to age seventeen, are regarded by the Church as responsible persons with free will and a capacity for personal faith. Any unbaptized child of seven years or more is expected to approach the Sacraments of Initiation (Baptism, Confirmation and Eucharist) through the Rite of Christian Initiation for Adults adapted for Children (RCIA-C).

**HOW LONG  
DOES IT  
TAKE?**

The Sacraments of Initiation are usually celebrated at the Easter Vigil, and the Church requires preparation to last for at least one year. At St. Thomas More, the process takes about a year and a half, from around September in one year to Easter a year and a half later (for example, September 2021 to Easter 2023).

**RCIA-C  
CLASSES BEGIN  
SEPTEMBER 26**

During the first year, the children meet at **11:00 AM on Sundays** in the STM Middle School. During the second year, they participate in the Liturgy of the Word at the 11:15 AM Mass and are then dismissed to further study until 1:00 PM.

**REGISTRATION  
INFORMATION**

Please complete the RCIA-C Registration Form including the Personal Information Sheet required by the the Diocese of Raleigh. There is no cost to join the RCIA-C program. Send your completed paper registration to Maria del Rosario, 940 Carmichael Street, Chapel Hill, NC 27514 or email the electronically completed/scanned forms to [mdelrosario@stmchapelhill.org](mailto:mdelrosario@stmchapelhill.org).

**MORE  
INFORMATION**

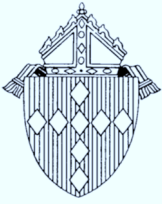
Please contact Maureen Earnhardt at 919-942-6236 or [mearnhardt@stmchapelhill.org](mailto:mearnhardt@stmchapelhill.org) for more information or visit [www.stmchapelhill.org/children-ages-7-to-17](http://www.stmchapelhill.org/children-ages-7-to-17).



## 2021-2022 RCIA-C REGISTRATION FORM

### FORMA DE INSCRIPCION RICA PARA NIÑOS

|  |  |  |
|--|--|--|
| <b>LAST NAME</b> <i>Apellido</i>   | <b>FIRST NAME</b> <i>Primer Nombre</i>           | <b>MIDDLE NAME</b> <i>Segundo Nombre</i>     |
| <b>BIRTH DATE</b> <i>Fecha de Nacimiento</i>   | <b>PLACE OF BIRTH</b> <i>Lugar de Nacimiento</i> |  |
| <b>FATHER'S NAME</b> <i>Nombre del Padre</i>   |  | <b>MOTHER'S NAME</b> <i>Nombre del Madre</i> |
| <b>ADDRESS</b> <i>Dirección</i>  | <b>CITY</b> <i>Ciudad</i>                        | <b>ZIP</b> <i>Código Postal</i>              |
| <b>PREFERRED METHOD OF CONTACT (SELECT ALL THAT APPLY.)</b> <i>Método de Contacto Preferido (Seleccione todos los que correspondan.)</i><br><input type="checkbox"/> <b>PARENT EMAIL</b> <i>Email de los Padres</i> <span style="margin-left: 200px;"><input type="checkbox"/> <b>PARENT CELL PHONE</b> <i>Teléfono Celular de los Padres</i></span>   |  |  |
| <b>FOR YOUTH GRADES 6-12 ONLY</b> <i>Para Jovenes Grados 6-12 Solamente</i><br><input type="checkbox"/> <b>YOUTH EMAIL</b> <i>Email del Joven</i> <span style="margin-left: 200px;"><input type="checkbox"/> <b>YOUTH CELL</b> <i>Teléfono Celular del Joven</i></span>  |  |  |
| <b>GRADE IN SCHOOL YEAR 2021-2022</b><br><i>Grado Escolar 2021-2022</i>  | <b>SCHOOL</b> <i>Escuela</i>                     |  |
| <b>SESSION</b> <i>Sesión</i><br><b>ALL CLASSES ARE HELD ON SUNDAYS, 11:00AM – 12:15PM.</b> <i>Todas las clases son los domingos, 11:00AM – 12:15PM.</i><br><input type="checkbox"/> <b>YEAR 1</b> <i>Primer Año</i><br><input type="checkbox"/> <b>YEAR 2</b> <i>Segundo Año</i>   |  |  |
| <b>PHOTO AUTHORIZATION</b> <i>Autorizacion Para Fotos</i><br><input type="checkbox"/> <b>PARISH WEBSITE</b> <i>Website de la Parroquia</i> <span style="margin-left: 200px;"><input type="checkbox"/> <b>CHURCH DISPLAYS</b> <i>Cartelera en el Vestibulo</i></span>   |  |  |
| <b>MEDICAL ALLERGY/SPECIAL NEEDS</b> <i>Información Medica Y Alergias</i>  |  |  |
| <b>MEDICAL INSURANCE COMPANY</b> <i>Compañía de Seguros de la Familia</i>  |  | <b>ID/POLICY NO</b>                          |
| <b>EMERGENCY CONTACT</b> <i>Contacto en Caso de Emergencia</i>   |  | <b>PHONE</b> <i>Teléfono</i>                 |
| <p><b>I give permission for my child, in case of an emergency, to be taken to a physician or hospital by the STM parish personnel. I understand that every effort will be made to contact me. If I cannot be reached, I hereby give my permission to the emergency physician to hospitalize and secure proper treatment for my son/daughter.</b></p> <p><i>En caso de emergencia autorizo al personal de la Parroquia de St. Thomas More a que lleven a mi hijo(a) a un médico u hospital. Entiendo que harán todo lo posible por comunicarse conmigo, pero en caso que no me localicen, por este medio autorizo a que un médico de emergencias lo hospitalice y vele por el tratamiento adecuado para mi hijo(a).</i></p> |  |  |
| <b>SIGNATURE OF PARENT/GUARDIAN</b> <i>Firma del Padre o Guardián</i>  |  | <b>DATE</b> <i>Fecha</i>                     |



# The Catholic Diocese Of Raleigh

7200 Stonehenge Drive, Raleigh, North Carolina 27613

(919) 821-9700

## PERSONAL INFORMATION SHEET | HOJA DE INFORMACION PERSONAL PARENTS & OCCASIONAL VOLUNTEERS | PADRES Y VOLUNTARIOS OCASIONALES

All parents/legal guardians are required to complete this form **every year**.  
Please include the completed form with your faith development registration.  
Todos padres/tutores requieren completar este formulario **cada año**.  
Por favor de incluir el formulario con la inscripción para programa de catecismo.

|                             |                            |
|-----------------------------|----------------------------|
| NAME<br><i>Nombre</i>       | PHONE<br><i>Teléfono</i>   |
| ADDRESS<br><i>Dirección</i> | PARISH<br><i>Parroquia</i> |

HAS A CIVIL LAWSUIT OR EMPLOYMENT COMPLAINT EVER BEEN FILED AGAINST YOU FOR CHILD ABUSE OR SEXUAL ABUSE? \_\_\_\_\_  
*¿Ha sido demandado en la corte o en su trabajo por asuntos relacionados con el abuso de menores o por abuso sexual?* \_\_\_\_\_

IF YES, PLEASE GIVE DETAILS  
*Si es así, por favor explique* \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

HAVE YOU EVER BEEN CONVICTED OF A CRIME RELATED TO CHILD ABUSE OR SEXUAL ABUSE? \_\_\_\_\_  
*¿Ha sido condenado de un delito relacionado con el abuso de menores o el abuso sexual?* \_\_\_\_\_

IF YES, PLEASE GIVE DETAILS  
*Si es así, por favor explique* \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

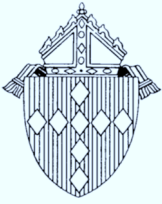
HAVE YOU EVER LEFT AN ASSIGNMENT OR EMPLOYMENT OR BEEN REMOVED FROM AN ASSIGNMENT OR EMPLOYMENT FOR REASONS RELATED TO ALLEGATIONS OF PHYSICAL OR SEXUAL ABUSE? \_\_\_\_\_  
*¿Alguna vez ha dejado un empleo o ha sido despedido de una asignación o del empleo por razones relacionadas con alegaciones de abuso de menores, el abuso físico o abuso sexual?* \_\_\_\_\_

IF YES, PLEASE GIVE DETAILS  
*Si es así, por favor explique* \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I UNDERSTAND THAT IN SIGNING THIS PERSONAL INFORMATION SHEET, I AFFIRM THAT THE INFORMATION I HAVE GIVEN IS TRUE AND CORRECT. *Soy consciente que al firmar esta Hoja de Información Personal doy fe que la información que he proporcionado es correcta y verdadera.*

SIGNATURE  
*Firma*

DATE  
*Fecha*



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|                             |       |                            |       |
|-----------------------------|-------|----------------------------|-------|
| NAME<br><i>Nombre</i>       | _____ | PHONE<br>Teléfono          | _____ |
| ADDRESS<br><i>Dirección</i> | _____ | PARISH<br><i>Parroquia</i> | _____ |
|                             | _____ |                            |       |

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SIGNATURE  
*Firma*

\_\_\_\_\_  
DATE  
*Fecha*