

Immaculate Heart of Mary Church

2019/2020

Faith Formation Registration

Please return completed registration by Sept. 1st

Religious Education (1st through 9th Grade) please complete pages 1 , 3 & 4
 Sacraments (First Reconciliation, First Eucharist or Confirmation): please complete pages 1, 2, & 4

Are you registered in this parish? YES NO

CHILD(REN) LIVE WITH: (Check all that apply)

Both Parents Mother Father

Stepparent Guardian Other

If OTHER, please specify, _____

FATHER FIRST NAME MOTHER FIRST NAME FAMILY LAST NAME

MAILING ADDRESS:

STREET

CITY

ZIP CODE

MAIN CONTACT NUMBER
HOME OR CELL PHONE

FATHER
DAY/WORK PHONE

MOTHER
DAY/WORK PHONE

CELL PHONE

CELL PHONE

Preferred method of communication, please provide an email address that you check on a regular basis
 PARENT'S EMAIL ADDRESS:

Mother _____

Father _____

Family Information	1 st Child	2 nd Child	3 rd Child	4 th Child
First Name				
Last Name				
Grade in 19/20				
School in 19/20				
Birth Date				
Gender				

So we can better server your child, please list any special needs

(For example, developmental or learning disabilities, autism, ADHD, physical restrictions, diabetes, food and other allergies, etc.)

Special Needs				
Disabilities				
Medical Concerns				
Food Allergies				

RELIGIOUS EDUCATION REGISTRATION-WEDNESDAY EVENINGS

RE Grade (1 - 9)				
Materials Fee: \$30 per student				

TOTAL AMOUNT FOR PAGE 1: (enter this amount on Page 4) _____

SACRAMENTAL PROGRAM REGISTRATION

FIRST RECONCILIATION REGISTRATION - FALL, 2019

Preparation for First Reconciliation occurs about the age of 8 (2nd grade and older) and consists of 6 lessons taught by the parents at home. Parents are required to attend an orientation session for their child. Children will meet briefly prior to the reception of the sacrament during a communal reconciliation service during Advent.

CHILD'S FIRST NAME

MIDDLE NAME

LAST NAME

Baptized at IHM

Baptized in another church (A photocopy of the baptismal certificate will be needed)

FIRST EUCHARIST REGISTRATION - SPRING, 2020

Preparation for First Eucharist occurs about the age of 8 (2nd grade and older) and consists of 6 lessons taught by the parents at home. Parents are required to attend an orientation session for their child. There is also a Parent/Child prep/rehearsal night to prepare for the sacrament of Eucharist. Preparation starts mid winter with a group celebration during the Easter Season. First Reconciliation takes place in the fall before First Eucharist.

CHILD'S FIRST NAME

MIDDLE NAME

LAST NAME

Baptized at IHM

Baptized in another church (A Photocopy of the baptismal certificate will be needed)

CONFIRMATION - Fall, 2019 through Spring, 2020

Preparation for Confirmation will begin in November, 2019. We employ the Decision Point Confirmation program provided by Dynamic Catholic. Matthew Kelly, walks our candidates through their preparation in a simple yet compelling format. Decision Point empowers and challenges our candidates to think about and discuss big questions of faith and life in a small group setting. It compliments our candidates as intelligent individuals who have the ability to observe, understand, and navigate the world. Furthermore the program shows how happiness and holiness are the same thing and that they are possible to achieve as individuals and as a community. Help enrich our program this year with the participation of your student as we delve deeper into the call Jesus gave us to *"go, therefore and make disciples of all nations."* Candidates will meet on Sunday mornings at 8:30 a.m. for a total of 17 sessions including 12 candidate sessions, a one day retreat and parent information sharing meetings.

CHILD'S FIRST NAME

MIDDLE NAME

LAST NAME

Baptized at IHM

Baptized in another church (A photocopy of the baptismal certificate will be needed)

Candidate's email address: _____

Sacramental Fees:

\$30 First Reconciliation (per child)

\$ _____

\$30 First Eucharist (per child)

\$ _____

\$160 Confirmation Fee (per child) (Includes Retreat)

\$ _____

Total amount for page 2

\$ _____

(Enter this total on page 4)

SHARED MINISTRIES Volunteer Opportunities

Each family is encouraged to share their time and talents in some way with the program.
We also welcome teen volunteers. Please check the appropriate boxes.

Parent Name (A) _____ Parent Name (B) _____

Teen Name (C) _____ Teen Name (D) _____

RELIGIOUS EDUCATION VOLUNTEERS

A B C D

RELIGIOUS EDUCATION TEACHER GRADE: _____
Grades 1 through 9 WED 6:30-7:30 PM (Must be 18 or Older)

SUBSTITUTE TEACHER _____ GR 2-6 _____ GR 7-9

TEACHER'S ASSISTANT 6:30 PM WED
To work one-on-one with a special needs child in the classroom
(Must be 16 or older)

HALL MONITOR 6:15-7:30 PM WED (1-3 times/year during class time)
(monitor doors, monitor/assist with special sessions)

ATTENCANCE CLERK 6:30 WED
20 hours per year (make phone calls)

CHILDREN'S LITURGY OF THE WORD VOLUNTEERS

CHILDREN'S LITURGY OF THE WORD
ADULT PRAYER LEADERS SUNDAY 10:30 A.M. MASS

CHILDREN'S LITURGY OF THE WORD
YOUTH PRAYER LEADER (6th grade and up)
SUNDAY 10:30 A.M. MASS

CHILDREN'S LITURGY OF THE WORD
VOCAL AND/OR INSTRUMENTAL (GUITAR)

CONFIRMATION ADULT VOLUNTEER OPPORTUNITIES

CONFIRMATION SMALL GROUP LEADER
SUNDAY 8:30 - 10:130 A.M. (Must be confirmed)

CONFIRMATION RETREAT HELPER
Provide Snacks/meal/help serve/help clean up

CONFIRMATION STUDENT VOLUNTEER OPPORTUNITIES

SPECIAL EVENT HELPER
Advent/Lent Environment Decorating
January Thaw Dinner
Lenten Fish Dinners (3 Fridays during Lent)
Notre Dame Academy Play
Easter Egg Event (Palm Sunday)

RELIGIOUS EDUCATION & SACRAMENTAL FEES

Religious Education Fee from page 1 \$ _____

Sacramental Fee from page 2 \$ _____

TOTAL \$ _____

AMOUNT ENCLOSED \$ _____

Please mark your payment selection

1. Paid in full at time of registration.
2. Quarterly withdrawal on Sept. 15, Nov. 15, Jan. 15, & March 15.
3. 7 monthly withdrawals beginning Sept. 15 through March 15.

By enrolling my child/children in Immaculate Heart of Mary Parish programs, I accept the commitment of paying program fees. I will fulfill this financial obligation as I have specified.

Print Name

Parent Signature

Financial aid is available for part or all of the programs. If you need financial assistance, please contact the Faith Formation Coordinator. This will be kept confidential.

MEDIA RELEASE:

I grant permission to IHM to use pictures/images of my child(ren) in bulletin, website and marketing materials.

(Child's Name)

(Child's Name)

(Child's Name)

(Child's Name)

Parent Signature

Office Use Only:				
Date Received: _____	Check # _____	Amount Paid _____	GL Acct. _____	
	EFT _____	Monthly _____	Quarterly _____	

Faith Formation
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