

Faith Formation Registration Information

August 9, 2019

Dear St. Patrick Families,

Registration for 2019 - 2020 Faith Formation sessions, for levels Pre K-5, Middle School Edge, levels 6.7 and 8, and High School Life has begun. Please help us to provide the highest quality Faith Formation experience for your family by registering your children for fall classes now.

We are improving what makes us best – our family-friendly program and gatherings for parents and children learning and serving together. These experiences help families to learn, explore and celebrate our faith. Most importantly, research shows "parental guidance and example are the most important influences by far on their children's faith." The best chance of building a life-long faith in children occurs from active, involved, believing parents.

Our Faith Formation sessions are designed to support what parents begin at home by teaching their children about our Catholic faith. We offer sessions at all levels, beginning with Pre-K and on through High School. Catechists use developmentally appropriate materials and resources designed to help children learn, understand, grow and mature in their faith. It is expected that children attend Faith formation sessions every year from Pre-Kindergarten through High School. Every child deserves to grow up rooted in the rich tradition of our faith. Enrolling children in Faith Formation sessions every year helps to build a strong foundation of understanding, knowledge and love of our faith that helps every child to grow into a faith filled adult.

How To Register

Parents or guardians must fill out a new registration form in order to enroll their child(ren) every year. Completed forms must be returned to the Faith Formation Office in order for the registration process can be finalized. Please note we are using the Emergency Medical Release form as directed by the Diocese of St. Petersburg Tampa. This requires a parent signature in the presence of a notary.

When do Faith Formation Sessions meet?

- Faith Formation class sessions for levels Pre-k- grade 5 meet on Sunday mornings from 10:30 a.m. 11:30 a.m. in the school building.
- Faith Formation sessions for levels 6, 7 and 8 Edge Middle School meets twice monthly on Friday evenings from 7:00 p.m. to 9:00 p.m.
- Faith Formation sessions for levels 9-12 for Life Teen meet on Sunday evenings from 7:15 p.m.-9:00 p.m.

First Session PreK-K-5

9/22/19 First Session for Pre-K- 5. – Faith Formation Welcome and Family Meeting 10:30 a.m. - 11:30 a.m.

For the First class session on September 22, 2019, parents and children meet in the church at 10:30 a.m. for the Welcome and Family Meeting. Catechists will be introduced to the parents and children. Catechist will take attendance and lead children to their classroom. Parents stay for Faith Formation Orientation Session and then go to the classroom to pick up their children at 11:30 a.m.

Arrival Dismissal Procedure for PreK-K -5 Faith Formation Classes after 9/22. Parents and children meet in the Social Hall starting at 10:30 a.m. for a snack and drink. Parents will bring their children to their class table to sign them in and meet their Catechist. Catechist will take attendance and lead children to their classroom after they finish their snack and drink. Parents go to their child(ren) classroom to sign out and pick up their child(ren) at 11:30 a.m.

Sacramental Preparation

Children are prepared for the reception of the Sacraments of First Reconciliation and First Communion in grade two and for the reception of the reception of the Sacrament of Confirmation in grade eight.

We want to help all children and families grow in their faith. For parents with children who wish to prepare to receive sacraments, but are outside the customary age and progression for preparing to receive them, we ask that you contact the Faith Formation Director, Donna Koppy at (813) 839-5337 ext. 131.

Volunteers

Volunteers are the heart of our Faith Formation program and help us to carry on the tradition of our faith. St. Patrick has been blessed with a group of dedicated catechists. We need more volunteers to help us to build upon the tradition and keep our kids rooted in faith and growing in God's grace. There are a variety of ways for people to volunteer, as catechists, classroom assistants, and helping with office work. We have resources and support available for all our volunteers. So please contact, Donna Koppy, in the Faith Formation Office by phone at (813) 839-5337 ext. 131 or email at dkoppy@stpatricktampa.org, to find out more, talk and explore the possibilities.

Thank you for registering in our parish Faith Formation program. Please contact the Faith Formation Staff for additional assistance with registration.

Director of Faith Formation and Religious Education

Donna Koppy

Phone: (813) 839-5337 Ext: 131

Email: dkoppy@stpatricktampa.org

Coordinator of Youth Ministry

Monica Bonfe Erickson

Phone: (813) 839-5337 Ext: 304

Email: merickson@stpatricktampa.org

Blessings to all our families as the start of a new school year. This prayer from <u>Catholic Household Blessings and Prayers</u> is dedicated to all students, parents and teachers they begin this new school year.

Prayers to Begin a School Year

God of wisdom and might,
we praise you for the wonder of our being,
for mind, body and spirit.

Be with our children as they begin
a new school year.

Bless them and their teachers and staff.

Give the strength and grace as their bodies grow;
wisdom and knowledge to their minds
as they search for understanding;
and peace and zeal to their hearts.

We ask this through Jesus Christ our Lord.

Amen.



FAITH FORMATION REGISTRATION 2019- 2020

Donna Koppy

Director of Faith Formation
Email: dkoppy@stpatricktampa.org

Phone: (813) 839-5337 Ext: 131

PARENTS/GUARDIANS - Please print clearly and neatly

Mother's Name:		Phone#:		Email:				
Father's Name:		Phone#:		Email:				
Marital Status: (Circle One)	Married Single	Divorced	Nidow/er					
Address:		City:		State:	Zip Code:			
Registered at St. Patrick Catholic Church: Yes No Parish where registered:								
Child(ren) Primarily live with: Both Parents Father Mother Other (Name)								
Other than Parent Primary Conta	er than Parent Primary Contact:Phone#:		t:	Email:				
	Circle One:	Mom D	ad	Guardian				
1. Child's Last Name:								
Birthdate:								
School:				Grade:				
Youth Program: (Fee Schedule o	•			Edge (Middle School				
Elementary Education (Pr		de)	6	o, 7, 8 Required for R	eception of Confirmation			
Life Teen (High School) Yo	outh Group							
Interested In: (Interview require Sacramental Classes: Fi		_	•	Confir	mation			
2. Child's Last Name:		First Name		Gender:	Female Male			
Birthdate:	Student Cell# _		Emai	l:				
Birthdate:School:	Student Cell# _		Emai	l: Grade:				
Birthdate: School: Youth Program: (Fee Schedule o	Student Cell# n reverse side).		Emai	l: Grade: Edge (Middle School)			
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Registration Notes:

- Copy of Baptismal Certificate is required for enrollment in Faith Formation.
- First Communion & Confirmation are 2 year programs. One year of Faith Formation is needed in the year prior to the Sacramental year.

- Sacramental and preparation classes require an interview before Registration.
- In case of divorce, a current copy of the Child Custody declaration page from the divorce decree must be included.

Acknowledgements for Registration and Waiver of Liability. (Parent or Guardian must initial each item) below.

(1) By submitting your email address to St. Patrick Catholic Church, y	ou have opted-in to receive up-to-date Parish and Faith
Formation communications through St. Patrick's email and other communications	ation systems.
(2) Middle and High School Youth who are being registered, by prov	iding this information and signing this form, permission
is given for staff and volunteers to communicate directly with your youth thr	ough parish and other social networks.
(3) For all children, images of children may be used on parish electron	nic and printed media.
(4) I acknowledge I have been informed about the Safe Environment	t Program for the protection of my child(ren) and have
received a copy of the information.	
(5) Waiver of Liability: I hereby request and give my permission for	my child to participate in Faith Formation and/or Youth
Ministry. I understand and assume the risks inherent in these events, but I a	lso understand that all reasonable care and supervision
will be exercised to provide for the general well-being of my child. I, individu	ually and on behalf of my child named in this document,
do hereby release, covenant not to sue, and save harmless: The Bishop of the	e Diocese of St. Petersburg, St. Patrick Catholic Church,
and their employees, agents and volunteers, from any and all claims for a	ny and all harm arising to my child as a result of their
participation in these programs. As the primary catechist for my child, I acce	
periodic Faith Formation sessions, and helping in whatever capacity I can.	. I accept responsibility for my child's attendance and
behavior.	
2019 - 2020 Faith Formation	on Fees
Total Registration Fee per Family for Elementary Pre K—5th	
* First Child Regular Faith Formation	\$65.00
* For two children	\$80.00
* Three children or more	\$95.00
* Four children or more	\$110.00
Edge - Middle School Social and Formation Program:	\$65.00 X
Life Teen - High School Social and Formation Program:	\$65.00 X

NOTE

Fees for Sacramental programs are not due or paid until after Interviews.

The content of all programs is in accord with Diocesan and USCCB requirements.

• First Communion and Confirmation fees are \$70.00 per child for each program.

Thank you for registering in our parish Faith Formation program.

Please contact our Faith Formation Staff for additional assistance with registration.

Director of Faith Formation and Religious Education

Donna Koppy

Phone: (813) 839-5337 Ext: 131 Email: dkoppy@stpatricktampa.org

Coordinator of Youth Ministry

Monica Bonfe Erickson

Phone: (813) 839-5337 Ext: 304 Email: merickson@stpatricktampa.org

Total Due Now = \$

		BALANCE DUE	
TOTAL FEES:	PAID:	CHECK#:	
Class Placements		_	

EMERGENCY MEDICAL RELEASE

Please Print Information Child's Full Name: ______ Birthdate: _____ Medicines Routinely Taken: Name of Custodial Parent (s)/Legal Guardian (s): Address: City Street Address (number, apartment#, street) State ZipCode Family Physicians Name/Health Care Resource: Address: Street Address (number, apartment#, street) City State ZipCode Telephone# Hospital Preference: _____ Name City Medical Insurance Company: _____ Expiration Date: Emergency Contact: (if custodial parent/guardian cannot be reached): Address: Street Address (number, apartment#, street) City Home Telephone# _____ Work Telephone# _____ Work Telephone# ____ Sign in the presence of the Notary I hereby give my consent to any emergency facility and physician to administer necessary treatment to my child _____, in the event of an emergency at which time I cannot be reached. I give consent to Child's Full Name transport by ambulance if situation warrants it. Signature of Custodial Parent/Legal Guardian (Affiant) STATE OF FLORIDA COUNTY OF _____ The foregoing instrument was acknowledged before me on Month _____, who is personally known to me or who has produced ____ Type of Identification Name of Affiant as identification. **SEAL OF NOTARY** Signed: ______

Signature of Notary