



August 23, 2020

Dear St. Patrick Faith Formation Families,

We have good news to share. The registration process for the 2020-2021 school year is now open and has begun for Kindergarten - Grade 5, Middle School/Edge (Grades 6 -8) and High School Life Teen (Grades 9-12)

How To Register

Parents or guardians must fill out new registration forms in order to enroll their child(ren) every year. Registration forms are:

- included in the attachment with this email,
- available for pick up in the Parish Office.
- located on the parish Faith Formation web page,
<https://www.stpatricktampa.org/faith-formation/>

In addition to the registration form, the following documents must be completed and returned in order to complete the enrollment process and for children to participate in St. Patrick Faith Formation classes.

- The Emergency Medical Release Form
- The Contact Information Form
- The Statement of Understanding and Liability in Regard to COVID-19
- In case of divorce and custody agreement: A copy of the most current declaration page form from the divorce decree.
- A copy of the child's Baptismal certificate must be provided when enrolling for the first time in the program or for all children preparing for reception of the Sacraments of First Reconciliation and First Communion.
- A copy of the child's Baptismal Certificate and First Communion certificate must be provided at the time of registration for any child who will be preparing to receive the Sacrament of Confirmation.
- Payment for registration fee and/or payment arrangement

Registration Fee Payment

Payments can be made by check, made payable to St. Patrick Catholic Church, or on line, via the St. Patrick parish web page at: <https://www.stpatricktampa.org/>. Click on **GIVE** and select Religious Education to make a payment.

No child will be turned away from participation in Faith Formation sessions due to family inability to pay a registration fee. Please contact the Faith Formation Director,

Donna Koppy, at (813) 839-5337 ext. 131, or dkoppy@stpatricktampa.org for more information regarding payment assistance.

Where will Kindergarten – Grade 5 Faith Formation Classes Meet?

Faith Formation sessions for Kindergarten – Grade 5 will be offered remotely via Zoom.

Parents will be notified when we are able to transition to classes in person and on campus.

When will Kindergarten – Grade 5 Faith Formation Classes Meet?

Kindergarten – Grade 5 Zoom classes will begin on Sunday, September 27, 2020 and meet on Sundays once a week during the course of the school year. Zoom classes will be scheduled with the grade level Catechists, and the Faith Formation Director. Staggered class times of thirty to forty minutes or less in length will be offered in order to provide access and participation for families with two or more children enrolled. The specific time for each class will be determined by the number of children enrolled in Faith Formation for this year.

- A Kindergarten - Grade 5 Faith Formation Calendar will be sent to all enrolled families upon completion of the enrollment process.
- When it is safe for Faith Formation classes to meet on the parish campus, classes will meet on Sunday mornings during the school year.

Kindergarten – Grade 5 - Drive by Pick-Up

Children's books and resource materials for parents will be available for all registered families to pick up from the Parish Office by appointment with the Faith Formation Director or on the following dates and times:

- Sunday, September 20, 2020 from 9:45 a.m. to 1:30 p.m.
- Wednesday, September 23, 2020 from 4:00 p.m. to 7:00 p.m.

Where will EDGE / Middle School (6-8) and Life Teen /High School (9-12) Classes Meet?

- **Faith Formation sessions for EDGE/Middle School and High School Life Teen will meet on campus, provided we are able to follow the directives of Diocesan and civil authorities pertaining to the safety of children, parents, catechists, volunteers and staff.**
- Parents are asked to please contact our Youth Minister, Monica Bonfe Erickson, to arrange for their child to join the EDGE/Middle School or Life Teen /High School sessions remotely if need be.

When will EDGE/ Middle School (6-8) and Life Teen /High School (9-12) Classes Meet?

Beginning on September 25, 2020, the EDGE/Middle School will meet twice a month, on Friday evenings, from 7:00 p.m. – 8:30 p.m.

Starting on September 27, 2020, Life Teen/ High School will meet weekly on Sunday evenings from 7:00-8:30 p.m.

EDGE and Life Teen calendar will be sent to all enrolled families.

Sacramental Preparation

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

Children attending area private Catholic schools participate in the immediate and approximate preparation for the reception of the Sacraments of First Reconciliation, First Communion and Confirmation by enrolling in their parish Faith Formation program.

We want to assist all children and families as they 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 or by email at dkoppy@stpatricktampa.org.

Registration Time Line

Please help us as we prepare and plan for Faith Formation classes to begin by registering your children for fall classes as soon as possible. Returning completed registration forms quickly will give us sufficient time to order and receive the books and supplies our children will use before we begin classes this year.

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 and classroom assistants. We are in need of additional volunteers to help us build upon this tradition and keep our kids rooted in faith and growing in God's grace.

Catechists are people who have experienced the love of God and want to share it with others. There are a variety of ways for people to volunteer, as catechists, and classroom assistants.

We have resources, training 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.

It is our hope that all Faith Formation sessions will be able to meet on our parish campus. We also recognize, given what is happening in our community with the COVID-19 virus currently, circumstances will evolve and change. The decision to offer religious education sessions remotely via Zoom, or in person on campus, is made with respect to parent responses and comments from our recent survey, the directives from local Diocesan and civil authorities, the recommendations of the CDC, and our ability to follow protocols for the safety for all children, volunteers, and staff.

Please know we understand that making decisions regarding the where and when for children's academic and religious education is not easy and includes a variety of factors for every family. Our goal is to support and assist parents in providing a developmentally appropriate, strong foundation of understanding, knowledge and love of our Catholic faith. We want every child to grow in their relationship with Jesus Christ and mature into a faith filled adult.

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

This prayer from [*Catholic Household Blessings and Prayers*](#) is dedicated to all students, parents and teachers.

Prayer 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 this new school year.*

*Bless our children, their teachers and staff. Keep them safe and sound, in your
loving care. Give them strength and grace as they grow in wisdom, and knowledge
for their minds. As they search for understanding; give them love, peace and zeal
to fill their hearts. We ask this through Jesus Christ, Amen.*

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Please continue...



St. Patrick

CATHOLIC CHURCH

4518 S. Manhattan Avenue
Tampa, FL 33611

FAITH FORMATION REGISTRATION

2020- 2021

Donna Koppy

Director of Faith Formation

Email: dkoppy@stpatricktampa.org

Phone: (813) 839-5337 Ext: 131

PARENTS/GUARDIANS - Please print clearly and neatly

Family Name: _____ Phone#: _____ Email: _____

Mother's Name: _____ Maiden Name: _____ Phone#: _____ Email: _____

Father's Name: _____ Phone#: _____ Email: _____

Marital Status: (Circle One) Married Single Divorced Widow/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 Contact: _____ Phone#: _____ Email: _____

1. Child's Last Name: _____ First Name _____ Gender: _____ Female _____ Male

Birthdate: _____ Student Cell# _____ Email: _____

School: _____ Grade: _____

Youth Program: (Fee Schedule on reverse side).

_____ Elementary Education (Pre K/K thru 5th Grade)

_____ Edge (Middle School) Youth Group. 6, 7, 8 Required for Reception of Confirmation

_____ Life Teen (High School) Youth Group

My Child has received the Sacrament:

Baptism: _____ Yes _____ No Name of Church: _____ City: _____ St. _____ Date: _____

First Reconciliation: _____ Yes _____ No Name of Church: _____ City: _____ St. _____ Date: _____

First Communion: _____ Yes _____ No Name of Church: _____ City: _____ St. _____ Date: _____

2. Child's Last Name: _____ First Name _____ Gender: _____ Female _____ Male

Birthdate: _____ Student Cell# _____ Email: _____

School: _____ Grade: _____

Youth Program: (Fee Schedule on reverse side).

_____ Elementary Education (Pre K/K thru 5th Grade)

_____ Edge (Middle School) Youth Group. 6, 7, 8 Required for Reception of Confirmation

_____ Life Teen (High School) Youth Group

My Child has received the Sacrament:

Baptism: _____ Yes _____ No Name of Church: _____ City: _____ St. _____ Date: _____

First Reconciliation: _____ Yes _____ No Name of Church: _____ City: _____ St. _____ Date: _____

First Communion: _____ Yes _____ No Name of Church: _____ City: _____ St. _____ Date: _____

3. Child's Last Name: _____ First Name _____ Gender: _____ Female _____ Male

Birthdate: _____ Student Cell# _____ Email: _____

School: _____ Grade: _____

Youth Program: (Fee Schedule on reverse side).

_____ Elementary Education (Pre K/K thru 5th Grade)

_____ Edge (Middle School) Youth Group. 6, 7, 8 Required for Reception of Confirmation

_____ Life Teen (High School) Youth Group

My Child has received the Sacrament:

Baptism: _____ Yes _____ No Name of Church: _____ City: _____ St. _____ Date: _____

First Reconciliation: _____ Yes _____ No Name of Church: _____ City: _____ St. _____ Date: _____

First Communion: _____ Yes _____ No Name of Church: _____ City: _____ St. _____ Date: _____

Registration Requirements:

Preparation for the reception of the Sacraments is a two-year process. One year of participation in a parish Faith Formation program or a Catholic School is required before a child will begin a second year of preparation to receive the Sacraments of First Reconciliation, First Communion and Confirmation. Sacramental and preparation classes require an interview before enrollment and class placement is finalized.

The following documents must be completed and returned with the registration form in order to complete enrollment and children to participate in St. Patrick Faith Formation classes.

- A copy of the child's Baptismal certificate
- A copy of the child's First Communion certificate (when applicable)
- The Emergency Medical Release Form
- The Contact Information Form
- The Statement of Understanding and Liability in Regard to COVID-19
- In case of divorce and custody agreement: A copy of the most current declaration page form from the divorce decree.
- Payment for registration fee and/or payment arrangement

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, you have opted-in to receive up-to-date Parish and Faith Formation communications through St. Patrick's email and other communication systems.

_____ (2) Middle and High School Youth who are being registered, by providing this information and signing this form, permission is given for staff and volunteers to communicate directly with your youth through parish and other social networks.

_____ (3) For all children, images of children may be used on parish electronic and printed media.

_____ (4) I acknowledge I have been informed about the Safe Environment 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 also understand that all reasonable care and supervision will be exercised to provide for the general well-being of my child. I, individually and on behalf of my child named in this document, do hereby release, covenant not to sue, and save harmless: The Bishop of the Diocese of St. Petersburg, St. Patrick Catholic Church, and their employees, agents and volunteers, from any and all claims for any and all harm arising to my child as a result of their participation in these programs. As the primary catechist for my child, I accept my responsibility to teach at home, for attending the periodic Faith Formation sessions, and helping in whatever capacity I can. I accept responsibility for my child's attendance and behavior.

2020- 2021 Faith Formation Fees

Kindergarten – Grade 5 Faith Formation per child.....	\$65.00 x _____	= _____
Edge 6,7 &8 Middle School per child.....	\$65.00 x _____	= _____
Life Teen-High School per child.....	\$65.00 x _____	= _____
Sacramental Fee for First Communion and/or Confirmation Preparation per child.....	\$70.00 x _____	= _____

Thank you for registering in our parish Faith Formation program.

Please contact our Faith Formation Staff for additional assistance with registration

Faith Formation Staff:

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

OFFICE USE ONLY

TOTAL FEES DUE: _____ PAID: _____ CHECK#: _____ BALANCE DUE: _____

Class Placements _____

Statement of Understanding and Release of Liability in Regard to Covid-19

COVID-19 has been declared a worldwide pandemic by the World Health Organization. In order to resume regular Faith Formation and Youth Ministry operations, the Diocese of St. Petersburg and St. Patrick Catholic Church ("Parish") have put in place reasonable preventative measures and standards of behavior to reduce the spread of COVID-19 at parish activities. Even with implementation of safety protocols, the Parish cannot guarantee that you or your child(ren) will not become infected with COVID-19; attendance at Parish and/or participation in the Parish activities could increase your risk and/or your child(ren)'s risk of contracting COVID-19.

ASSUMPTION OF RISK: The (*Diocese of St. Petersburg/ St. Patrick Catholic Church*) cannot prevent you or your child/children from becoming exposed to, contracting, or spreading COVID-19 while attending parish programs and related activities. It is not possible to prevent against the presence of the disease. Therefore, if you choose for your children to attend St. Patrick Catholic Church programs, your child and/or other family members may be exposed to and/or at increased risk of contracting or spreading COVID-19. I/we have read and understood the above warning concerning COVID-19. I/we hereby choose to accept the risk of contracting COVID-19 for myself/ourselves, my/our child/children, and/or other family members in order for my/our child/children,

Name of Minor Child

Name of Minor Child

Name of Minor Child

to attend parish programs and related activities. By signing this agreement, I/we acknowledge the contagious nature of COVID-19 and that my/our child(ren) and I/we may be exposed to or infected by COVID-19 by attending and/or being present at parish programs, and/or by participating in parish activities, and that such exposure or infection may result in personal injury, illness, permanent disability, and death.

WAIVER OF LAWSUIT/LIABILITY: I hereby forever release and waive my right to bring suit against (*Diocese of St. Petersburg/ St. Patrick Catholic Church*) and its owners, officers, directors, managers, officials, trustees, agents, employees, authorized volunteers, or other representatives in connection with exposure, infection, and/or spread of COVID-19 related to the Program. I understand that this waiver means I give up my right to bring any claims including for personal injuries, death, disease or property losses, or any other loss, including but not limited to claims of negligence and give up any claim I may have to seek damages, whether known or unknown, foreseen or unforeseen.

CHOICE OF LAW: I understand and agree that the law of the State of Florida will apply to this contract.

I HAVE CAREFULLY READ AND FULLY UNDERSTAND ALL PROVISIONS OF THIS RELEASE, AND FREELY AND KNOWINGLY ASSUME THE RISK AND WAIVE MY RIGHTS CONCERNING LIABILITY AS DESCRIBED ABOVE.

I am the parent or legal guardian of the minor(s) named above. I have the legal right to consent to and, by signing below, I hereby do consent to the terms and conditions of this Release.

(Parent/Guardian Name – Printed)

(Parent/Guardian Signature)

(Date)

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Statement of Understanding and Release of Liability in Regard to Covid-19

Please continue...

CONTACT INFORMATION
Please complete both sides of Form.

Child's Name: _____ Date of Birth: _____ ☐ M ☐ F Grade: ____ Year: _____
Child's Name: _____ Date of Birth: _____ ☐ M ☐ F Grade: ____ Year: _____
Child's Name: _____ Date of Birth: _____ ☐ M ☐ F Grade: ____ Year: _____
Address: _____ City/Zip: _____
Home Phone Number: _____

LEGAL AND CUSTODY INFORMATION

Please provide the Director of Faith Formation with all court orders if applicable.

Parent/Guardian (Please provide information on parent/guardian with whom the child lives.)

1. Full Name: _____ Cell Phone: (____) _____
E-mail address: (____) _____
Home Phone: (____) _____
Work No.: (____) _____
Relationship to child (please circle) Mother Father Legal Guardian Other (specify) _____
2. Full Name: _____ Cell Phone: (____) _____
E-mail address: (____) _____
Home Phone: (____) _____
Work No.: (____) _____
Relationship to child (please circle) Mother Father Legal Guardian Other (specify) _____

Information for Parent/Guardian with whom the child does NOT live if applicable.

1. Full Name _____ Home Phone: (____) _____
Address: _____ Cell Phone: (____) _____
E-mail address: _____ Work No.: (____) _____
Relationship to child (please circle) Mother Father Legal Guardian Other (specify) _____
2. Full Name _____ Home Phone: (____) _____
Address: _____ Cell Phone: (____) _____
E-mail address: _____ Work No.: (____) _____
Relationship to child (please circle) Mother Father Legal Guardian Other (specify) _____

List local relatives, neighbors, or friends who have your permission to assume temporary care of your child if you cannot be reached or to whom your child may be released for transportation

Name: _____ Phone No.: (____) _____ Work/Cell No.: (____) _____
Relationship: _____
Name: _____ Phone No.: (____) _____ Work/Cell No.: (____) _____
Relationship: _____

****In case of an accident or serious illness, reasonable efforts will be made to contact the student's parent/guardian. If necessary, 911 will be called and the student will be taken to the nearest hospital according to the decision of emergency personnel.**

STUDENT MEDICAL INFORMATION – CHILD 1

Student Name: _____ ☐ M ☐ F Date of Birth: _____ Grade: _____ Year: _____
(e.g.: 2020-2021)

CURRENT MEDICAL CONCERNS

Please check below any health condition(s) your son/daughter may have:

☐ **No, my son/daughter has no chronic health conditions.**

☐ **Yes, my son/daughter has chronic health conditions.**

If “Yes”, a chronic health condition exists, please check all that apply.

- ☐ ADD/ADHD ☐ Epilepsy/Seizures ☐ Orthopedic Disorder ☐ Nosebleeds ☐ Allergies
☐ Cardiac Problems ☐ Mental/Emotional Disorder ☐ Asthma ☐ Diabetes
☐ Migraine Headaches ☐ Hearing Loss ☐ Concussion within one year
☐ Other: Explain specific symptoms/response requirements.

Does he/she have any allergies/drug allergies? ☐ Yes ☐ No If “Yes”, list: _____

NB Medication cannot be administered or taken during Faith Formation sessions. If a special circumstance regarding Medications is required, contact to the Director of Faith Formation directly.

****In case of an accident or serious illness, reasonable efforts will be made to contact the student’s parent/guardian. If necessary, 911 will be called and the student will be taken to the nearest hospital according to the decision of emergency personnel. ****

Medication information to be provided to emergency personnel if needed.

Does he/she take any medication on a regular basis? ☐ Yes ☐ No

If yes, please complete the following: Name of Medication: _____
Name of Medication: _____
Name of Medication: _____
Name of Medication: _____
Name of Medication: _____

***Signature:** _____ **Printed Name:** _____ **Date:** _____
Parent/Guardian

***Signature:** _____ **Printed Name:** _____ **Date:** _____
Parent/Guardian

Please complete both sides of Form.

STUDENT MEDICAL INFORMATION – CHILD 2

Student Name: _____ ☐ M ☐ F Date of Birth: _____ Grade: ____ Year: _____
(e.g.: 2020-2021)

CURRENT MEDICAL CONCERNS

Please check below any health condition(s) your son/daughter may have:

☐ **No, my son/daughter has no chronic health conditions.**

☐ **Yes, my son/daughter has chronic health conditions.**

If “Yes”, a chronic health condition exists, please check all that apply.

- ☐ ADD/ADHD ☐ Epilepsy/Seizures ☐ Orthopedic Disorder ☐ Nosebleeds ☐ Allergies
☐ Cardiac Problems ☐ Mental/Emotional Disorder ☐ Asthma ☐ Diabetes
☐ Migraine Headaches ☐ Hearing Loss ☐ Concussion within one year
☐ Other: Explain specific symptoms/response requirements.

Does he/she have any allergies/drug allergies? ☐ Yes ☐ No If “Yes”, list: _____

NB Medication cannot be administered or taken during Faith Formation sessions. If a special circumstance regarding Medications is required, contact to the Director of Faith Formation directly.

****In case of an accident or serious illness, reasonable efforts will be made to contact the student’s parent/guardian. If necessary, 911 will be called and the student will be taken to the nearest hospital according to the decision of emergency personnel. ****

Medication information to be provided to emergency personnel if needed.

Does he/she take any medication on a regular basis? ☐ Yes ☐ No

If yes, please complete the following: Name of Medication: _____
Name of Medication: _____
Name of Medication: _____
Name of Medication: _____
Name of Medication: _____

***Signature:** _____ **Printed Name:** _____ **Date:** _____
Parent/Guardian

***Signature:** _____ **Printed Name:** _____ **Date:** _____
Parent/Guardian

STUDENT MEDICAL INFORMATION – CHILD 3

Student Name: _____ ☐ M ☐ F Date of Birth: _____ Grade: ____ Year: _____
(e.g.: 2020-2021)

CURRENT MEDICAL CONCERNS

Please check below any health condition(s) your son/daughter may have:

☐ **No, my son/daughter has no chronic health conditions.**

☐ **Yes, my son/daughter has chronic health conditions.**

If “Yes”, a chronic health condition exists, please check all that apply.

- ☐ ADD/ADHD ☐ Epilepsy/Seizures ☐ Orthopedic Disorder ☐ Nosebleeds ☐ Allergies
☐ Cardiac Problems ☐ Mental/Emotional Disorder ☐ Asthma ☐ Diabetes
☐ Migraine Headaches ☐ Hearing Loss ☐ Concussion within one year
☐ Other: Explain specific symptoms/response requirements.

Does he/she have any allergies/drug allergies? ☐ Yes ☐ No If “Yes”, list: _____

NB Medication cannot be administered or taken during Faith Formation sessions. If a special circumstance regarding Medications is required, contact to the Director of Faith Formation directly.

**In case of an accident or serious illness, reasonable efforts will be made to contact the student’s parent/guardian. If necessary, 911 will be called and the student will be taken to the nearest hospital according to the decision of emergency personnel. **

Medication information to be provided to emergency personnel if needed.

Does he/she take any medication on a regular basis? ☐ Yes ☐ No

If yes, please complete the following: Name of Medication: _____
Name of Medication: _____
Name of Medication: _____
Name of Medication: _____
Name of Medication: _____

***Signature:** _____ **Printed Name:** _____ **Date:** _____
Parent/Guardian

***Signature:** _____ **Printed Name:** _____ **Date:** _____
Parent/Guardian