



4518 S. Manhattan Avenue Tampa, Florida 33611
(813) 839-5337 ext. 131

Faith Formation Registration Information

July 21, 2021

Dear St. Patrick Families,

Registration is now open for the 2021 - 2022 Faith Formation sessions for Kindergarten through Grade 5, Edge /Middle School, 6.7 and 8, Preparation for the reception of the Sacrament of Confirmation and Life Teen /High School, 9-12. Please help us to provide the highest quality Faith Formation experience for your family by registering your children for fall classes now.

We are looking forward to meeting in person, on campus in September with all age groups. We will continue to follow safety and health protocols in order to provide a family-friendly program for parents and children learning and serving together. We know research affirms "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 comes from active, involved, and believing parents.

Our Faith Formation sessions are designed to support what parents begin at home by teaching their children about our Catholic faith. Our 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 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. Registration fees may be paid on line, via the parish web site www.stpatricktampa.org. Click the Faith Formation tab. Select Children and families on the drop down menu. Under 2021-2022 Registration Packet, click on *click here to pay through online giving* link. Be sure to click on the *choose fund* drop menu and scroll to the bottom of the menu to select *religious education*.
- Payment by check may be made payable to St. Patrick Catholic Church.

- Completed forms may also be emailed to Donna Kopyy at dkopyy@stpatricktampa.org or sent via the U.S. mail, to the attention of Donna Kopyy, 4518 S. Manhattan Ave, Tampa, FL., 33611

For additional information regarding registration and fees, please contact Donna Kopyy.

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

- A copy of a child's Baptismal certificate must be provided for children preparing for reception of sacraments in grades K-8
- A copy of their child's First Communion Certificate for all Candidates preparing for Confirmation
- The Contact Information Form
- Student Medical Release
- 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 from the divorce decree
- Payment of registration fee/ or payment arrangement

Preparing to Receive the Sacraments

St. Patrick Catholic Church in Tampa supports the Sacramental Preparation policies of the Diocese of St. Petersburg. One year of attending Faith Formation sessions in a parish program or Catholic school is required before a child will begin a second year of preparation for the reception of the Sacraments of First Reconciliation, First Communion and Confirmation. Sacramental preparation classes require an interview prior to finalizing enrollment and class placement. 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 Kopyy at (813) 839-5337 ext. 131.

When do Faith Formation Sessions Meet?

- Faith Formation class sessions for levels Kindergarten through grade 5 meet on Sunday mornings from 9:00 a.m. - 9:50 a.m. in the school building.
- Faith Formation sessions for Edge /Middle School levels 6, 7 and 8 meets twice a month on Friday evenings from 7:00 p.m. to 9:00 p.m.
- Faith Formation sessions for Life Teen/High School/ Grades 9-12 meet on Sunday evenings from 6:30 p.m.- 8:30 p.m.
- Immediate preparation sessions for the reception of the Sacrament of Confirmation meet on Monday evenings from 7:00 p.m. to 8:30 p.m.

First Session for Kindergarten - Grade 5

9/26/2021

**First Session for Kindergarten through Grade 5. - Faith Formation
Welcome and Family Meeting
9:00 a.m. - 9:50 a.m. in the parish Social Hall.**

For the First class session only: Parents and children meet in the Social Hall at 9:00 a.m. for the **Welcome Back Family Meeting**. Catechists will be introduced to the parents and children. Catechist will lead children to their classroom. Parents stay in the Social Hall for Faith Formation Orientation Session and then go to the classroom to sign out and pick up their children at 9:50 a.m.

Arrival Dismissal Procedure for Kindergarten - Grade 5 Faith Formation Classes after 9/26. Parents will bring their children directly to their classroom no sooner than ten minutes before 9:00 a.m. to sign them in and greet their Catechist. At 9:50 a.m. parents go to their child(ren) classroom to sign out and pick up their children.

Updates will also be emailed to all registered families. Everyone is asked to check our parish website www.stpatricktampa.org and the parish bulletin for regular updates regarding our K-5, EDGE and LifeTeen sessions.

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 Kopyy, in the Faith Formation Office by phone at (813) 839-5337 ext. 131 or email at dkopyy@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 Kopyy

Phone: (813) 839-5337 Ext: 131

Email: dkopyy@stpatricktampa.org

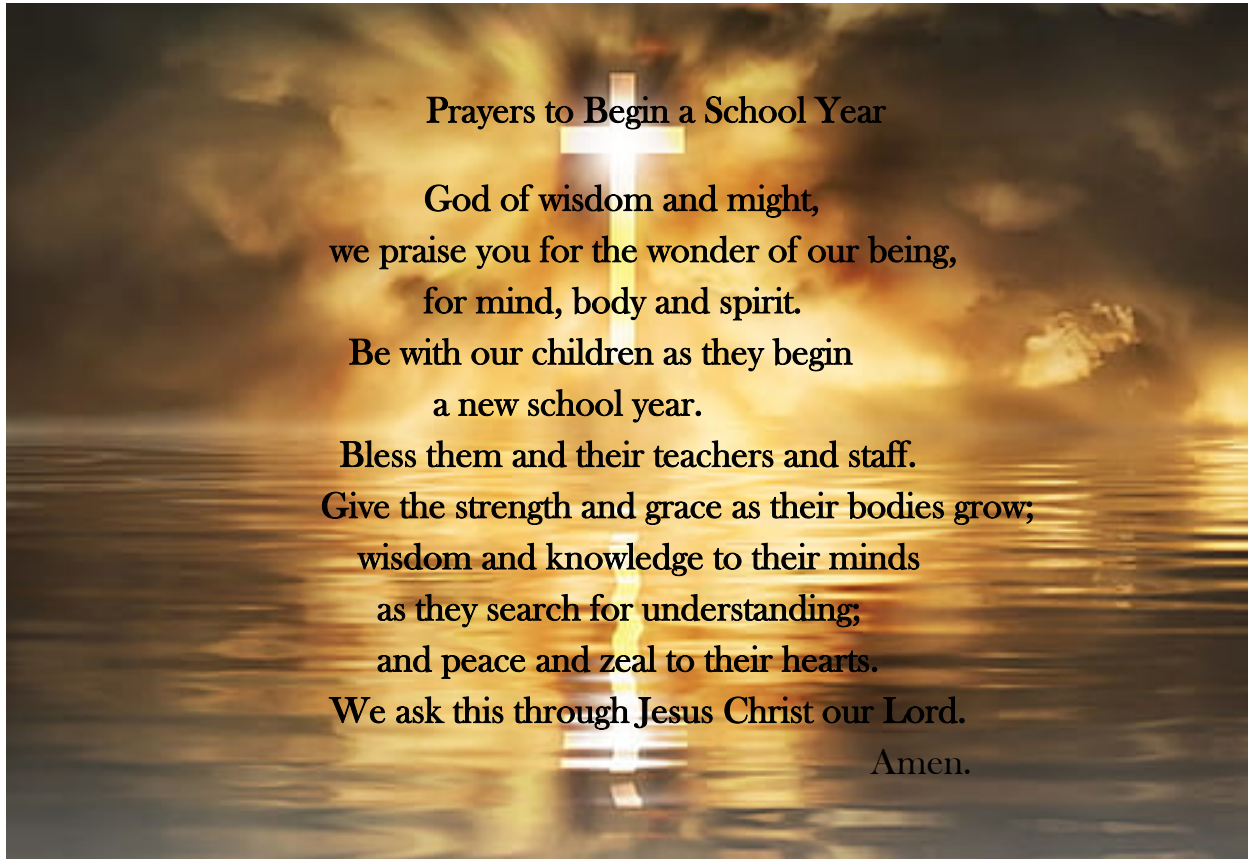
Coordinator of Youth Ministry

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 [*Catholic Household Blessings and Prayers*](#) is dedicated to all students, parents and teachers they begin this new school year.





Faith Formation Registration Form 2021-2022
4518 S. Manhattan Avenue Tampa, Florida 33611
(813) 839-5337 ext. 131

Parents/Guardians- Please print clearly.

Family Name: _____ Phone # _____

Mother's Name: _____ Phone # _____

Mother's Maiden Name: _____ Email: _____

Father's Name: _____ Email: _____

Father's Phone # _____ Parents Marital Status (circle one) Single Married Divorced Widow/er

Address: _____ City: _____ State: _____ Zip Code: _____

Registered at St. Patrick Church? Yes No Name of Church where registered: _____

Child(ren) primarily live with: Both parents Father Mother Other (name) _____

Primary contact (other than parent) Name: _____ Phone# _____

Relationship to child(ren): _____ Email: _____

1. Child's Last Name: _____ First Name: _____ Middle Name: _____

Birthdate: _____ Student Cell # _____ Email: _____ Gender: Female Male

Name of School: _____ Grade: (For 2021-22) _____

My child has received the Sacrament(s)

Baptism: Yes No Name of Church: _____ City: _____ State: _____ Date: _____

First Reconciliation: Yes No Name of Church: _____ City: _____ State: _____ Date: _____

First Communion: Yes No Name of Church: _____ City: _____ State: _____ Date: _____

Confirmation: Yes No Name of Church: _____ City: _____ State: _____ Date: _____

Enrolling for: Kindergarten – Grade 5 EDGE Middle School /Grades 6.7 & 8 LifeTeen/Grades 12-8

Preparation for the Sacrament of Confirmation

2. Child's Last Name: _____ First Name: _____ Middle Name: _____

Birthdate: _____ Student Cell # _____ Email: _____ Gender: Female Male

Name of School: _____ Grade: (For 2021-22) _____

My child has received the Sacrament(s)

Baptism: Yes No Name of Church: _____ City: _____ State: _____ Date: _____

First Reconciliation: Yes No Name of Church: _____ City: _____ State: _____ Date: _____

First Communion: Yes No Name of Church: _____ City: _____ State: _____ Date: _____

Confirmation: Yes No Name of Church: _____ City: _____ State: _____ Date: _____

Enrolling for: Kindergarten – Grade 5 EDGE Middle School /Grades 6.7 & 8 LifeTeen/Grades 12-8

Preparation for the Sacrament of Confirmation

3. Child's Last Name: _____ First Name: _____ Middle Name: _____

Birthdate: _____ Student Cell # _____ Email: _____ Gender: Female Male

Name of School: _____ Grade: (For 2021-22) _____

My child has received the Sacrament(s)

Baptism: Yes No Name of Church: _____ City: _____ State: _____ Date: _____

First Reconciliation: Yes No Name of Church: _____ City: _____ State: _____ Date: _____

First Communion: Yes No Name of Church: _____ City: _____ State: _____ Date: _____

Confirmation: Yes No Name of Church: _____ City: _____ State: _____ Date: _____

Enrolling for: Kindergarten – Grade 5 EDGE Middle School /Grades 6.7 & 8 Life Teen/Grades 12-8

Preparation for the Sacrament of Confirmation

Registration Requirements

St. Patrick Catholic Church Tampa supports the Sacramental Preparation policies of the Diocese of St. Petersburg. One year of attending Faith Formation sessions in a parish program or Catholic school is required before a child will begin a second year of preparation for the reception of the Sacraments of First Reconciliation, First Communion and Confirmation. Sacramental preparation classes require an interview prior to finalizing enrollment and class placement.

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

- A copy of a child’s Baptismal certificate must be provided for children preparing for reception of sacraments in grades K-8
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- The Contact Information Form
- Student Medical 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 from the divorce decree
- Payment of registration fee/ 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 also understand that all reasonable care and supervision will be exercised to provide for the general well-being of my child(ren). I, individually, and on behalf of my child(ren) named in this document, do hereby release, covenant not to sue, and save harmless: The Bishop 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 my responsibility for my child’s attendance and behavior.

2021-2022 Faith Formation Registration Fees Per Child

Kindergarten, Grades 1,3,4 and 5	\$65.00 x _____	= _____
EDGE/ Middle School/ Grades 6,7 and 8.....	\$65.00 x _____	= _____
Life Teen/ High School / Grades 9-12.....	\$65.00 x _____	= _____
Grade 2 and Confirmation Preparation Grade 8.....	\$135.00 x _____	= _____

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- Payment by check may be made payable to St. Patrick Catholic Church.
- Completed forms may be emailed to Donna Koppy (see below) or sent via the U.S. mail, to the attention of Donna Koppy, 4518 S. Manhattan Ave, Tampa, FL, 33611

Director of Faith Formation and Religious Education
 Donna Koppy
 Phone: (813) 839-5337 ext. 131
dkoppy@stpatricktampa.org

Coordinator of Youth Ministry
 Monica Bonfe Erickson
 Phone: (813) 839-5337 ext. 304
merickson@stpatricktampa.org

Office Use Only

Total Fees Due _____ Paid On line: _____ Check # _____ Balance Due: _____

Notes: _____

CONTACT INFORMATION

Please complete both sides of Form.

Child's Name: _____ Date of Birth: _____ M F Grade: ____ Year: _____
(e.g.: 2021-2022)
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

Student Name: _____ M F Date of Birth: _____ Grade: _____ Year: _____
(e.g.: 2021-2022)

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.

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 Tampa 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 Tampa)* 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 Tampa 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)

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 Tampa)* 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 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)



DIÓCESIS DE ST. PETERSBURG

Declaración de Entendimiento y Exoneración de Responsabilidad Respecto al COVID-19

La enfermedad del COVID-19 ha sido declarada pandemia mundial por la Organización Mundial de la Salud. En vistas a reanudar las actividades regulares de los ministerios de la Formación en la fe y la Pastoral juvenil, la Diócesis de St. Petersburg y la parroquia de (St. Patrick Tampa) han puesto en vigor medidas preventivas razonables y reglas de comportamiento a fin de reducir la propagación del COVID-19 en las actividades parroquiales. Aun con la implementación de los protocolos de seguridad la parroquia no puede garantizar que su hijo/hija no contraiga el COVID-19; ir a su parroquia o participar en actividades parroquiales pudiera aumentar su riesgo y el de sus hijos/hijas de contraer el COVID-19.

SUPUESTO RIESGO: La (*Diócesis de St. Petersburg/la parroquia de (St. Patrick Tampa)*) no pueden evitar que ni usted ni su hijo sean expuestos, contraigan o propaguen el COVID-19 por participar en programas parroquiales u otras actividades de esa misma índole. No es posible evitar del todo la presencia de tal enfermedad. Por lo tanto, si ustedes deciden que su hijo/hija participe en los programas de la parroquia de (St. Patrick Tampa) tengan en cuenta que su hijo/hija o cualquier otro miembro de la familia pueden estar expuestos al COVID-19 y a tener un mayor riesgo de contraer o propagar el COVID-19. He leído y entiendo la advertencia aquí expuesta respecto al COVID-19. Yo, el suscrito, acepto el riesgo de contraer el COVID-19, tanto para mí como para mi cónyuge, mis hijos/hijas y cualquier otro miembro de la familia, para que mi hijo/hija,

(Nombre del hijo/hija menor de edad)

pueda participar en los programas parroquiales y en otras actividades relacionadas. Yo, el suscrito, reconozco con mi firma la naturaleza contagiosa del COVID-19 y a la vez reconozco que mi hijo/hija, mi cónyuge y yo podemos estar expuestos al COVID-19 como consecuencia de estar presente o participar en los programas parroquiales, y que el estar expuestos o contagiados, puede tener como resultado lesiones personales, enfermedades, discapacidades permanentes y muerte.

RENUNCIA EXPRESA DE DEMANDA/RESPONSABILIDAD: Por medio del presente documento yo, el suscrito, renuncio expresamente y por siempre a todo derecho de demanda legal contra (*la Diócesis de St. Petersburg/St. Patrick Tampa*) y a sus propietarios, oficiales, directores, gerentes, funcionarios, fiduciarios, empleados, voluntarios autorizados u otros representantes con relación a la exposición, el contagio y la propagación del COVID-19 relacionado con el Programa. Es mi entender que esta renuncia significa desistir de todos mis derechos a cualquier reclamación o acción legal, incluso por lesiones personales, muerte, enfermedad o pérdida de propiedad, o cualquier otro tipo de pérdida, incluso pero no limitado a reclamaciones debido a negligencias, y asimismo renuncio a cualquier reclamación por daños, ya sean conocidos o desconocidos, previstos o imprevistos.

POTESTAD JURISDICCIONAL: Entiendo y acepto que este contrato está regido por las leyes del estado de la Florida.

HE LEÍDO CUIDADOSAMENTE Y ENTIENDO TOTALMENTE TODAS LAS DISPOSICIONES DE ESTA EXONERACIÓN DE RESPONSABILIDAD, Y LIBRE Y CONSCIENTEMENTE ASUMO EL RIESGO Y RENUNCIO A MIS DERECHOS CON RESPECTO A LA RESPONSABILIDAD QUE SE DESCRIBE ANTERIORMENTE EN ESTE DOCUMENTO.

Soy el padre, la madre o el guardián legal del niño/la niña menor de edad que se menciona en el presente documento. Tengo el derecho legal de consentimiento y como suscrito doy mi consentimiento a los términos y condiciones de esta Exoneración de Responsabilidad.

(Nombre del padre/la madre/guardián –
en letra de molde)

(Firma del padre/la madre/guardián)

(Fecha)