**2016-2017 St. Peter Catholic Church Faith Formation Registration (9th - 12th Grade)**

**Parent/Guardian names (first & last)**

#1\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone (H)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (W)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(C)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

#2\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone (H)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (W)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(C)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Mailing Address and Zip Code**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_

# Parent Email(s)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Student Email(s)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### Emergency Contact (OTHER THAN PARENT) Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Considering Volunteering? Join our team of volunteers this year! Check here: Yes – send me info (1/2 off registration fee if Parents teach in the Faith Formation Program)**

**9th – 12th Grade: Sundays 9:15 am to 10:15 am Theology of the Body class**

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| --- | --- | --- | --- | --- | --- | --- | --- |
| Last Name | First Name | Age | Name of School | Catholic Baptism (Y/N) | 1sr Confession (Y/N) | 1st Euch.(Y/N) | Confirmed (Y/N) |
|   |   |   |   |   |   |   |   |
|   |   |   |   |   |   |   |   |

**9th – 12th Grade: Sunday 9:15 am to 10:15 am Catholic Apologetics class**

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| --- | --- | --- | --- | --- | --- | --- | --- |
| Last Name | First Name | Age | Name of School | Catholic Baptism (Y/N) | 1st Confession (Y/N) | 1st Euch. (Y/N) | Confirmed (Y/N) |
|   |   |   |   |   |   |   |  |
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**9th – 12th Grade: Sunday 6:30 pm to 7:30 pm St Peter Youth Group**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Last Name | First Name | Age | Name of School | Catholic Baptism (Y/N) | 1st Confession (Y/N) | 1st Euch. (Y/N) | Confirmed (Y/N) |
|   |   |   |   |   |   |   |  |
|   |   |   |   |   |   |   |  |

**Questions or to sign up to volunteer contact Angela Casarez at faithformation.petertherock@gmail.com**

***Return completed form (both sides) with registration fee: $60 for one child, $90 for two, $110 for three, $125 for four, $135 for five or more.
Volunteers get ½ off registration. Please return Registrations by Aug 30th. Please note that there is a second side to this form.***

 ***Check here if payment for your whole family was included with an Elementary School Registration form.***

## ACTIVITY RELEASE

***For those 18 years of age or older, all parents, and all guardians:***

I consent for any of my children listed below to participate in any activity or trip sponsored by the Diocese of Colorado Springs or its affiliates\* (collectively, “the Diocese”). In case of medical need, I authorize the Diocese to arrange medical or dental services for me and any of my children listed below. I agree that any such expense will be my obligation.

 I, individually, and in my capacities as parent, guardian, or next friend of my children:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

waive, release, and indemnify the Diocese and its agent, directors, officers, employees, and volunteers (collectively, the “Release Parties”) from all claims or liability which have arisen or may arise from any Diocesan activity or trip and which involves any damage, loss, or injury to me, my spouse, any of my children, my property, or the property of any of my children. In the same capacities, I promise not to sue the Released Parties for any such claims or liability. This waiver, release, indemnification, and promise not to sue does not apply to claims of criminal conduct or gross negligence.

 This Activity Release is revocable prospectively only by a writing signed by me which bears the date that the revocation is delivered to the Diocese.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date **Signature**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date **Signature**

Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Medical Insurance Company and Policy Number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Authorized Medications:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Family Physician:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Emergency Contact and Phone**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Special conditions or needs (allergies, asthma, etc.)** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***For all those over 14 and under 18 years of age***:

I waive, release, and indemnify the Release Parties as identified above from all claims or liability which has arisen or which may arise from any Diocesan activity or trip and which involves any damage, loss, or injury to me or my property.

\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date **Signature** Date **Signature**

\* “Affiliates” includes all Diocesan parishes, missions, schools, and ministries and also Catholic Charities of Colorado Springs, Inc., Partners in Housing, Inc., Ave Maria Catholic School Corporation and the Catholic Foundation of the Diocese of Colorado Springs, Inc. Villa San Jose & Willa Santa Maria, Queen of Heaven Cemetery.

**St. Peter Catholic Church Faith Formation Schedule**

**2016-2017**

**Sunday Sessions Class Schedule**

***9:15am-11:15am***

September 11

September 18

September 25 – Youth Mass

October 2

October 9

October 16

October 23 – Youth Mass

October 30

November 6 – Youth Mass

November 13

November 20

November 27 – No Class, Thanksgiving Break

December 4 – Christmas Service project 11:45 – 1pm in the gym

December 11 – Youth Mass

December 18

December 25 – No Class, Christmas Break

January 1 – No Class, Christmas Break

January 8

January 15 – No Class, MLK Day

January 22 – Youth Mass

January 29

February 5 – Super Bowl of Caring service project

February 12

February 19 – No Class, Presidents Day

February 26 – Youth Mass

March 5

March 12

March 19 – Youth Mass

March 26 – No Class, Spring Break

April 2

April 9

April 16 – No Class, Easter Sunday

April 23 – Youth Mass

April 30

May 7

May 14 – Youth Mass