Christian Formation Registration Form

**2017-2018 Family Catechesis Sessions (Religious Education)**

**Grades K, 1-12**

**Crozet Catholic Community –A Mission of Holy Comforter**

**Co-coordinators: Regina Grammatico, Denise Wilcox**

**crozetchristianformation@gmail.com**

Note: To participate, families must be registered in Crozet. If you are not registered, please complete a Crozet Catholic Community Registration Form and return the two forms together.

Fees for the 2017-2018 Year: **FREE**

Welcome to your community! All materials will be ordered for you and fee waived.

#  TOTAL NUMBER OF CHILDREN REGISTERING \_\_\_\_\_REGISTRATION FEE: free

 **Family Last Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Mother’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Father’s name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Guardian (if applicable) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Mailing Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Email address (please print clearly) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Primary Phone Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*I give permission to have pictures and/or video of my children in activities related to the community or Diocesan events posted in Crozet, Holy Comforter or Diocesan publications or websites. Names will not be used without expressed permission from the parent or guardian*.

\_\_\_\_\_ yes \_\_\_\_\_no Parent/Guardian Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_

The Catholic Diocese of Richmond is committed to ensuring that diocesan institutions and ministries provide a safe and nurturing environment for children, young people and vulnerable individuals.  The mission of the diocese *Safe Environment Program* is to create a safe environment incorporating the standards as outlined in the Charter for the Protection of Children and Young People. I understand, as parent or guardian, I will be instructing my own children and no VIRTUS training is needed.

**Please let us know if you are VIRTUS trained** \_\_\_\_\_yes \_\_\_\_\_no

Parent/Guardian Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please indicate if your child will be participating in Sacramental Preparation Classes.**

In Richmond Diocese, children who are a minimum of 7 years old and in the 2nd grade may receive their First Sacraments. Children who are at least 15 years old and in 10th grade may be confirmed. Children must have been in a regular RE class for 1st /9th grade to enroll in the following Sacramental year. RCIC for children requirements differ.

1. **Child’s Full Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 Date of birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade entering in the FALL \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Check sacraments received:

 \_\_\_\_\_ Baptism \_\_\_\_\_First Reconciliation \_\_\_\_\_ First Communion \_\_\_\_\_Confirmation

 This year s/he has been registered for CF classes at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_church \_\_\_\_grade

 **Please register my child for Sacramental Preparation classes \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Any medical, dietary, educational needs?**

1. **Child’s Full Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 Date of birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade entering in the FALL \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Check sacraments received:

 \_\_\_\_\_ Baptism \_\_\_\_\_First Reconciliation \_\_\_\_\_ First Communion \_\_\_\_\_Confirmation

 This year s/he has been registered for CF classes at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_church \_\_\_\_grade

 **Please register my child for Sacramental Preparation classes \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Any medical, dietary, educational needs?**

**……………………………………………………………………………………………………**

1. **Child’s Full Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 Date of birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade entering in the FALL \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Check sacraments received:

 \_\_\_\_\_ Baptism \_\_\_\_\_First Reconciliation \_\_\_\_\_ First Communion \_\_\_\_\_Confirmation

 This year s/he has been registered for CF classes at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_church \_\_\_\_grade

 **Please register my child for Sacramental Preparation classes \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Any medical, dietary, educational needs?**

**………………………………………………………………………………………………………**

**4. Child’s Full Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 Date of birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade entering in the FALL \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Check sacraments received:

 \_\_\_\_\_ Baptism \_\_\_\_\_First Reconciliation \_\_\_\_\_ First Communion \_\_\_\_\_Confirmation

 This year s/he has been registered for CF classes at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_church \_\_\_\_grade

 **Please register my child for Sacramental Preparation classes \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Any medical, dietary, educational needs?**

**………………………………………………………………………………………………………**

## Form can be brought to the Crozet Mass and put into the collection basket

## or mailed to:

## Crozet Catholic Community Mission

## c/o Holy Comforter Church

## 208 East Jefferson Street

## Charlottesville, Virginia 22902