

# St. Martin de Porres Catholic Church

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

## Faith Formation Programs

*Early Family (K-5)*

*Middle School/Confirmation*

**HS Post-Confirmation**

(Circle or Highlight selected program above)

**FAMILIES MUST BE REGISTERED, ACTIVE AND CONTRIBUTING MEMBERS OF THE PARISH**

Date: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Cell Phone(s): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Age: \_\_\_\_\_ BirthDate: \_\_\_\_\_ School Grade: \_\_\_\_\_ Confirmation Year: \_\_\_\_\_ Gender: \_\_\_\_\_

City and State of Birth: \_\_\_\_\_

Baptized (Y/N) \_\_\_\_\_ Date Baptized: \_\_\_\_\_ Church of Baptism: \_\_\_\_\_

Address of Church of Baptism (if other than St. Martin's) \_\_\_\_\_

First Holy Communion (Y/N) \_\_\_\_\_ First Reconciliation (Y/N) \_\_\_\_\_ If No, please explain \_\_\_\_\_

Is your family an active, contributing member of this Parish (Y/N) \_\_\_\_\_ If No, please explain \_\_\_\_\_

Envelope #: \_\_\_\_\_ or Enrolled in Faith Direct (Y/N) \_\_\_\_\_ If neither, please explain \_\_\_\_\_

Child lives with both Parents? (Y/N) \_\_\_\_\_ or Mother: \_\_\_\_\_ or Father: \_\_\_\_\_ or Other: \_\_\_\_\_

### Parent or Guardian:

First Name: \_\_\_\_\_ Last: \_\_\_\_\_ Maiden: \_\_\_\_\_

Occupation: \_\_\_\_\_ E-mail address: \_\_\_\_\_ Home/Cell #: \_\_\_\_\_

Registration fees are \$50.00 per Child. Extra-curricular activities and youth rallies are extra. **All fees are due at time of Registration.** For families with 2 or more children in any grade of Faith Formation, please contact Lorie in Parish Office for reduction of fees. No active, contributing family of SMdP will be denied due to the inability to pay. Please call the Parish office at 334-4214 ext. 111 with any issues requiring special consideration. Forms of payment accepted are: CASH, CHECK, and MCNISA/ AMEX/DIS. Credit Card payments may be made in the Parish Office.

### Baptismal Certificates:

**Every child must submit a recent original copy of Baptismal Certificate with the raised seal if not baptized at St. Martin de Porres prior to the start of classes.** It is the responsibility of the parents to provide this. Previously registered children are not required to submit another Baptismal Certificate if we have a copy on file unless otherwise requested. Please check with Parish Office. Thank You.

**Permission Form**

I, \_\_\_\_\_ the parent/guardian of \_\_\_\_\_ do hereby give my permission for him /her to attend St. Martin de Porres Catholic Church Religious Education and to be treated for a medical emergency in my absence while participating in the Religious Education Program. The Coordinator of Religious Education (Pre K - 5), Catechist, Director of Music or adult supervisor may act as an agent in my absence. In case of accident, I do not hold the Diocese of Palm Beach, the Parish of St. Martin de Porres, its Clergy or Staff, or the adult Catechists responsible.

**Medical Treatment Waiver**

In case of emergency, if I should not be available at the phone number provided on the Registration Form, please contact: \_\_\_\_\_

Phone number: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Special Dietary Needs/Restrictions: \_\_\_\_\_

Allergies: \_\_\_\_\_

Does your child have chronic or acute medical problems? (Y/N): If yes, please explain in detail and note any limitations due to his/her condition: \_\_\_\_\_

Does your child require any medication to be administered during class time? (Y/N): \_\_\_\_\_ If yes, please see Religious Education Coordinator for an Authorization Form. Under normal circumstances, medication must be administered by the parent or guardian.

**Child Dismissal Permission**

My child may be released to the following individuals for dismissal purposes (Please provide name(s), make of vehicle and tag number): Name(s) \_\_\_\_\_

Vehicle(s): \_\_\_\_\_ Tag(s): \_\_\_\_\_

**Photograph or Audio/Videotape Consent & Release**

I, \_\_\_\_\_ the parent/guardian of \_\_\_\_\_ do hereby give consent to St. Martin de Porres Catholic Church the right to photograph and/or audio/videotape my child and to use his/her name, face, likeness, voice, and appearance in connection with exhibitions, publicity, advertising, and promotional materials without any reservation, limitation, or consideration. This waiver specifically releases any common law causes of action or claims under Fla. Stat. 540.08 and expressly constitutes written consent for publication of my child's name, face, likeness, voice and appearance.

**Overall Consent**

I certify that I am the parent/legal guardian of the above participant and that I have read and agree to the Medical Treatment Waiver and Photograph and/or Audio/Videotape Consent Form. I hereby join in each and every part of this document and hereby relinquish any claims that I may have against St. Martin de Porres Catholic Church and the Diocese of Palm Beach or their agents, representatives or employees as set forth above.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**For Office Use Only**

Family registration and contributions verified? \_\_\_\_\_ Baptismal Certificate on file? \_\_\_\_\_

Registration fee paid: Cash \_\_\_\_\_ Check (Check number and amount) \_\_\_\_\_

Credit Card (Amount and authorization number) \_\_\_\_\_

Other: \_\_\_\_\_

## ***St. Martin de Porres Faith Formation Commitment***

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PLEASE READ THROUGH THIS PAGE CAREFULLY BEFORE SIGNING BELOW

I understand that faith formation is a way of life, not just a single event. In order to fulfill the promises I made at my child's Baptism, I commit to model a sacramental life in my family. This includes, but is not limited to:

- Participating in Sunday Mass
- Attending Mass on Holy Days of Obligation
- Registering all my children in faith formation
- Attending all required meetings
- Teaching my child the home lessons as outlined in the Faith Formation Calendar

I realize that failure to meet requirements (for example: not completing home assignments, having excessive tardiness, or be excessively absent) can result in calls, emails, and meetings to address the problem, and also can result in postponing my child's reception of Sacraments. After the reception of the Sacraments, I will continue to support my child's religious education because I know that faith formation is a lifelong process.

I promise the following:

- To attend Mass on Sundays and Holy Days of Obligation with my family
- To take on the parental responsibility of faith education and Sacrament preparation
- To see that my child attends all catechetical sessions and necessary practices
- To attend the parent sessions
- To support and encourage my child in preparation by participating in family activities and by assisting with all home assignments
- To help my child learn the basic prayers and responses for the celebration of the Sacraments
- To pray for and with my child as well as reading the Bible with him/her
- To discuss the points for each week's focus before and after all lessons
- To continue to provide opportunities for faith development by attending Sunday Mass following the reception of the Sacrament
- To dress modestly when attending classes and to be sure my child dresses modestly
- To engage in discussions about the materials being studied
- To inform the instructors when facing difficulty, having concern, and/or encountering confusion

As I make these promises, I ask God to give me the graces to be open to His plans for my life. The plans He reveals to me in prayer, in my talents, and in the encouragement of those who truly know, love, and care for my soul. I place myself in the loving embrace of the Father, Son, and Holy Spirit as I ask for help in fulfilling these commitments.

Date: \_\_\_\_\_

Name of Child: \_\_\_\_\_

Signature of Parent/Legal Guardian: \_\_\_\_\_