



St. Augustine's Parish Faith Formation 2021/2022 Year
 3030 Main Street | Peru, NY 12972 | Tel: 518.643.2435
 www.peruparish.org | <https://peruparish.flocknote.com> | Janice@peruparish.org

CHILD(REN) LAST NAME: _____
 Main telephone number (_____) - _____ - _____

REGISTRATION FEE: \$35.00 PER FAMILY
OFFICE USE ONLY, PLEASE
 Date Received: _____ PAID \$ _____
 CHECK # _____ Cash RCT. # _____

Family Last Name : _____ Parents Marital Status: Married ___ Separated ___ Single ___
 Divorced ___

Parent /Guardian Email: _____ @ _____
 ^*****PLEASE ~~~ EMAIL IS VERY IMPORTANT*****^
 Our Main source of communications is through our Parish wide communication system **"FLOCKNOTE"**
 (<https://peruparish.flocknote.com>) All Families are asked to register and provide your email above. Thank you

of children in the Program this year: _____ Are you registered at St. Augustine's Parish? ___ Yes ___ No
 Do you use Envelopes? ___ Yes ___ No If yes, are there any changes that need to be addressed?
 If "No" would you like us to send you envelopes for your convenience? ___ Yes ___ No

Mothers Name: _____
 First Middle **MAIDEN** Last
 Address: _____
 (_____) - _____ (_____) - _____ (_____) - _____
 Home Phone Mobile Work
 Occupation: _____ Religion _____

Fathers Name: _____
 First Middle Last
 Address: _____
 (_____) - _____ (_____) - _____ (_____) - _____
 Home Phone Mobile Work
 Occupation: _____ Religion _____

On the next page... Please list each students to be registered in the Faith Formation Program this year beginning with the oldest to the youngest. If more than 3 children are being registered, please use an additional sheet of paper or contact Janice at the Office 518.643.2435 #102 / Janice@peruparish.org.
*****IF YOUR CHILD WAS NOT BAPTIZED AT ST. AUGUSTINE'S CHURCH: PLEASE PROVIDE A CERTIFICATE OF BAPTISM*****

THIS SECTION FOR OFFICE USE ONLY, PLEASE

Sacramental Classes:	First Communion	Confirmation I	Confirmation II
Books _____	Folders _____	Journals _____	Agreements _____

Indicate Grade this September

Students Baptismal Name: _____
First Middle Name *(Very Important) Last

Age: _____ D.O.B. ____/____/____ Sex: Male Female
City/State/Zip

Student's Address: _____

Student Lives with: ___ Both Parents ___ Father Only ___ Mother Only ___ Other _____
Provide Name & Tel #

School Attending: _____
Name

The below information is extremely important, PLEASE DO NOT LEAVE THIS BLANK

Baptismal Date: ____/____/____
M/D/Y Name of Church _____ Address _____ City _____ State _____ Zip _____

First Penance: ____/____/____
M/D/Y Name of Church _____ Address _____ City _____ State _____ Zip _____

First Eucharist: ____/____/____
M/D/Y Name of Church _____ Address _____ City _____ State _____ Zip _____

List allergies, current medications, glasses/contacts, physical/mental/learning disabilities, dietary needs, or other pertinent information.

Indicate Grade this September

Students Baptismal Name: _____
First Middle Name *(Very Important) Last

Age: _____ D.O.B. ____/____/____ Sex: Male Female
City/State/Zip

Student's Address: _____

Student Lives with: ___ Both Parents ___ Father Only ___ Mother Only ___ Other _____
Provide Name & Tel #

School Attending: _____
Name

The below information is extremely important, PLEASE DO NOT LEAVE THIS BLANK

Baptismal Date: ____/____/____
M/D/Y Name of Church _____ Address _____ City _____ State _____ Zip _____

First Penance: ____/____/____
M/D/Y Name of Church _____ Address _____ City _____ State _____ Zip _____

First Eucharist: ____/____/____
M/D/Y Name of Church _____ Address _____ City _____ State _____ Zip _____

List allergies, current medications, glasses/contacts, physical/mental/learning disabilities, dietary needs, or other pertinent information.

Indicate Grade this September

Students Baptismal Name: _____
First Middle Name *(Very Important) Last

Age: _____ D.O.B. ____/____/____ Sex: Male Female
City/State of Birth

Student's Address: _____

Student Lives with: ___ Both Parents ___ Father Only ___ Mother Only ___ Other _____
Provide Name & Tel #

School Attending: _____
Name

The below information is extremely important, PLEASE DO NOT LEAVE THIS BLANK

Baptismal Date: ____/____/____
M/D/Y Name of Church _____ Address _____ City _____ State _____ Zip _____

First Penance: ____/____/____
M/D/Y Name of Church _____ Address _____ City _____ State _____ Zip _____

First Eucharist: ____/____/____
M/D/Y Name of Church _____ Address _____ City _____ State _____ Zip _____

List allergies, current medications, glasses/contacts, physical/mental/learning disabilities, dietary needs, or other pertinent information.

EMERGENCY CONTACTS

Where can parent/legal guardian be reached if not at home during class hours?

Mother: _____ Phone: _____

Father: _____ Phone: _____

Custodial Guardian: _____ Phone: _____

Please designate two (2) adults who will assume responsibility if parents cannot be reached:

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

MEDICAL RELEASE FORM

I/We being a parent of legal guardian of the student(s) listed herein allow my child(ren) to participate upon my (our) own initiative and application and I/We assume all risks of his/her participation in the Religious Education Program. In consideration of his/her participation in said program, I/ We hereby release St. Augustine's Parish, its Board, officers, employees and volunteers from any claims or liability arising from any accident of injury to my /our chil(ren) occurring during our as a result of my child(rens) participation in the Religious Education Program. In the event that the undersigned, cannot be reached and in the judgement of the Director of Religious Education or other person responsible for the program/group, or other appropriate staff member, there is a necessity for immediate examination and/or treatment of my child, I/We hereby authorize any of the aforesaid personnel to obtain for my (our) child(ren) such medical services as are deemed necessary. I agree to assume the financial responsibility for any diagnosis/ treatment and for medication deemed necessary.

PRINT last name as written on the enrollment form: _____

Signature: _____ Date: _____

PHOTO PERMISSION FORM

The activities of the Religious Education program may be published in the St. Augustine's Parish Communications media. Although much of the information will be in word form, we hope that photos and other graphics will be an important part of our electronic publication. In light of this, we need your permission to include photos of your children. These are usually photos of groups of children, but may be individual photos as well. Know that we will follow suggested safety and privacy guideline. No personal information will be posted; However, we may at times use names in instances of ceremony's and life events.

Please fill in the blank, check the appropriate box, sign and date your reply.

I have read the notice about possible publication of my child/ren's photo in St. Augustine's Parish communications media effective from September 2021 - May 2022.

YES, I/We grant permission for St. Augustine's Religious Education to publish my (our) child/ren's photograph in Parish publications for the 21/22 school year.

NO, I would prefer that my/our child/ren's image not be published at this time.

Signature of Parent/Legal Guardian _____ Date: _____

FAMILY INTERNET SAFETY PACT

1. I UNDERSTAND there is some danger online and on cell phones. Criminals roam the Internet just as they roam the streets.
2. I UNDERSTAND that some people online and on cell phones pretend to be someone they are not. They can misrepresent their age, gender, interests, personality, job or anything else.
3. I UNDERSTAND that some criminals try to befriend kids online and on cell phones, especially young people who are lonely or aren't getting along with their parents.
4. I UNDERSTAND that private and family matters should not be discussed online or on cell phones. Instead, I should talk about these matters with a parent or trusted adult.
5. I UNDERSTAND that parents may spot-check my e-mail, my time online, and my cell phone usage because they love me and want to ensure my safety.
6. I WILL NOT give out my full name, home address or phone number online or on my cell phone.
7. I WILL NOT send inappropriate pictures of myself to anyone online or on my cell phone.
8. I WILL NOT give out my internet or cell phone account passwords.
9. I WILL NOT give out the name/location of the school I attend or my place of employment to anyone online or on my cell phone.
10. I WILL NOT respond to violent or X-rated e-mails, voice mails, or text messages. I WILL report it to my parents IMMEDIATELY and let them report it to www.cybertipline.com and my Internet Service Provider.
11. I WILL NOT go alone to meet in-person someone I know only from online or cell phone usage. If I really want to meet an online or cell phone acquaintance, I WILL ONLY go with my parent(s) or an adult designated by my parent(s).

Please read and discuss with your youth.



St. Augustine's Parish Religious Education Calendar 2021 2022

Please note: The Calendar is expected to change and we will keep you updated in FLOCKNOTE. Please sign up on FLOCKNOTE if you haven't already www.peruparish.flocknote.com. Thank you!

September 2020

12 Parish Pic Nic, Mother Cabrini Shrine 10:30 Mass
19 APPLEFEST/ Catechetical Sunday for all teachers at Mass
26 10:45-12:00 Backpack Blessings at 9:30 Mass. Bring your Backpacks to Mass

1 Days/1

October 2020

3 10:45-12:00 (RCIA)
10 NO Religion Columbus Day
17 10:45-12:00
24 10:45-12:00
31 10:45-12:00

4 Days/5

November 2020

7 10:45-12:00
14 10:45-12:00
21 10:45-12:00
28 9:15-10:15~
St. Nicholas Festival ~ 1st Day of Advent! At St. Alexander's

4 Days/9

December 2020

5 10:45-12:00
12 10:45-12:00
19 10:45-12:00
26 Merry Christmas Break!
Happy Birthday Jesus!

3 Days/12

January 2021

2 Happy New Year!
9 10:45-12:00
16 Martin Luther King Day
23 10:45-12:00
30 10:45-12:00

3 Days/15

February 2021

6 10:45-12:00
13 10:45-12:00
20 Winter Break
27 10:45-12:00

3 Days/18

March 2021

2 Ash Wednesday
6 10:45-12:00 Mardi Gras at St. Augustin's Parish Center
14 10:45 - 12:00
21 10:45 - 12:00
28 10:45 - 12:00

4 Days/22

April 2021

3 10:45 - 12:00
10 10:45-12:00
17 Easter,
He Is RISEN!
24 10:45-12:00

3 Days/25

May 2021

1 10:45-12:00
8 First Communion
Mothers Day

1/26

Holy Days of Obligation: (Grades 7 & 8, Conf. I & Conf. II (*attend Mass*))
In addition to Sunday, the days to be observed as Holy Days of Obligation in the Latin Rite dioceses of the United States of America, in conformity with canon 1246, are as follows:

- January 1, The Solemnity of Mary, Mother of God
- Thursday of the Sixth Week of Easter, the solemnity of the Ascension
- August 15, The Solemnity of the Assumption of the Blessed Virgin Mary
- November 1, The Solemnity of All Saints
- December 8, The Solemnity of the Immaculate Conception
- December 25, The Solemnity of the Nativity of Our Lord Jesus Christ

Special Workshops..... Due to the COVID-19 workshops will be coordinated per NYS Health guidelines. Please check FLOCKNOTE for any updates.

Conf. I & Conf. II
Grades 7 & 8 **Requirements:**

- Advent Penance Service, Confessions:
To Be Announced
- Lenten Penance Service, Confessions:
To Be Announced

← Ash Wednesday 02 March, 2022
Stations of the Cross:
To Be Announced →

** Dates/Events **WILL** change due to unforeseen circumstances; we will be sure to notify you via **FLOCKNOTE** when a change happens**