CATECHIST Y N	2019-2020
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Prince of Peace Catholic Church Faith Formation Registration

FAMILY NAME	Parish where Registered:	Prince of Peace	St. James
(This info must be completely filled-out)	(circle one)	Other:	
EMAIL			
ADDRESS			
1 ST PHONE #			
2 ND PHONE #			

	Born Catholic	Converted to Catholicism	Baptized Catholic	Confirmed Catholic
Father's	Y/N	Y/N	Y/N	Y/N
Name				
Mother's	Y/N	Y/N	Y/N	Y/N
Name				

PLEASE SELECT 1 ST CHOICE	Sunday 9:20 a.m.	Wednesday 4:00 p.m.	Wednesday 5:30 p.m.
& INDICATE 2 ND CHOICE			
(Pre-school if enough register)			
Kindergarten – 5 th Grades	Grades 6-8 & 11 meet We	ednesdays at 7 p.m. & Grades	9-12 meet Sundays at 7 p.m.

SACRAMENTS MINIMUM REQUIREMENT: Please remember: Your child should attend at least one year of Faith Formation classes the year immediately preceding the Sacrament year AND the Sacrament year, First Reconciliation/First Communion and/or Confirmation (ie. Attend 1st grade to receive Sacraments in 2nd grade. Attend 10th grade to begin Confirmation prep in 11th grade.)

Questions? Call Lynn at 236-9171 Ext #13 You may TURN IN YOUR CHILD'S BAPTISM CERTIFICATE with this registration for 2nd grade.

acraments

Enrolled Child's First	M/F	Grade in	Birthdate	School	Baptized	Baptism	Communion	Confirmed
& Last Names		Fall 2019			Y/N	Location	Y/N	Y/N
Please list below, other children in the household, but NOT enrolled in Faith Formation.								

Full Name	Date of Birth
Full Name	Date of Birth
Full Name	Date of Birth

Fees must be paid upon registering or time preference cannot be guaranteed
Fee: \$35 / one child \$70 / two children \$80 / Max per family

MEDICAL INFORMATION Child's' Doctor's Name_____ Clinic_____ Phone # ______ Last Tetanus Immunization Regular Medications: **ALLERGIES: SPECIAL NEEDS &/or CONSIDERATIONS *Does your child have special educational needs or considerations? Y / N *If yes, what are they? *Does your child have a diagnosis? Y / N What is the diagnosis? *Is your child medicated for this diagnosis? Y / N ALTERNATE CONTACT INFORMATION (other than a parent) in the event a parent cannot be reached, or if someone other than a parent is transporting or picking up your child/children to/from religious education classes Name & Relationship to Child_____ Phone # Name & Relationship to Child______ Phone # **OPPORTUNITIES** --- If you have a middle school or high school-aged youth who would like to help at church, for service hours, please contact Lynn Cooper, DRE. ---We are recruiting energetic, positive high school or adult volunteers to provide Children's Liturgy during Mass Times on Sunday mornings at the 10:30 a.m. mass. This is offered the second and fourth Sundays of the month, which means your time commitment would be once about every 2 or 3 months. This involves taking young children (pre-K through 1st Grade) to the lower level during the Homily and reading them the child-friendly version of the Gospel, then summarizing it through discussion or a brief activity. The children return to their parents for the collection. Please let me know if this is something with which you would like to help. This, too, is a great opportunity for service hours. If you are contemplating a stewardship opportunity, we ask that you consider investing your time and talent in our Prince of Peace Young Church: K-5th Catechist/Co-Catechist Driver for trips/projects 6th – 12th Catechist's Assistant 6th-9th EDGE Leader Office Assistant Supervisor for community projects 10th Confirmation Prep Catechist Catechist Sub K-5th Direct Advent/Christmas program Please indicate the time you will help:

I cannot fill a volunteer position at this time, but would like to help by donating_____

5:30-6:30 p.m.

7:00-8:30 p.m.

Wednesdays: 4:00-5:00 p.m.

Sundays 9:20-10:20 a.m.

CONSENT FOR PHOTOGRAPHS/VIDEO

I,	, give Prince of Peace Catholic Church, in Kearney, Nebraska,
Parent's First & Last Name	
permission to take photographs/video of my child	/children:
and to post in child-friendly venues such as the chi	List Each Child's First and Last Names urch bulletin, classrooms, social hall, Prince of Peace Faith
Formation Facebook Page, Prince of Pace Facebook	k page, The Register, or other publications or media. I
understand that this consent does not expire until	my child has aged out of Faith Formation at Prince of Peace
Catholic Church or quits the program. I further ag	ree that I have discussed this agreement with the listed
child's/children's other parent/legal guardian, and	we understand my signature represents both of our consents.
PARENT'S SIGNATURE	DATE
REFUSAL OF CONSE	NT for PHOTOGRAPHS/VIDEO
Parent's First & Last Name	, DO NOT give Prince of Peace Catholic Church in s/video of my child/children or to post them anywhere, nor in
any capacity.	
PARENT'S SIGNATURE	
FARLINI 3 SIGNATURE	DATE

Check out our *Prince of Peace Faith Formation* Facebook page for current information & updates

Contact: LYNN COOPER-Faith Formation Coordinator PRINCE of PEACE CATHOLIC CHURCH 236-9171 Ext #13 coolynn27@gmail.com