

Faith Formation

2024-2025 REGISTRATION

THE PASTORATE OF



ST. JOHN & ST. JOSEPH

Parent / Guardian Names _____

Mailing Address: _____ Apt/Unit: _____

City: _____ State: _____ Zip: _____ Household Language: _____

Email: _____ Cell Phone: _____

Parish of Registration: _____ St John the Evangelist _____ St Joseph on Carrollton Manor

Other (name of the Church) _____

PROGRAM DESCRIPTION

Sunday Morning Elementary Formation – Attend in person class on 1st and 2nd Sunday of the month, materials will be provided for the remaining weeks to be completed at home and returned at the next class, participate in Catholic Culture Events.

Monday Evening Elementary Formation – Attend in person class on 1st and 2nd Monday of the month, materials will be provided for the remaining weeks to be completed at home and returned at the next class, participate in Catholic Culture Events.

NEW K-2 Family Formation – No in person classes, 5 group meetings, participate in Catholic Culture Events and complete the materials provided at home.

Home Study (Grades 3-5) – Uses the same materials as in person classes, materials for each week are completed at home and must be returned, participate in Catholic Culture Events.

Middle School Youth Ministry (Grades 6-8) – Attend in person classes on the 1st and 2nd Monday of the month; Catholic Culture Events and social nights as scheduled.

High School Youth Ministry (Grades 9-12) – Attend in person scheduled classes (Sundays) and events (various).

Family Life Catechesis is taught at all levels of faith formation grades 1-12. Family Life Catechesis in the Archdiocese of Baltimore is a catechesis for Healthy Relationships. The purpose of this catechetical endeavor is to create a knowledgeable school/parish community that welcomes open communication and a holistic discussion around the issues of moral living, marriage and family, healthy sexuality, and sexual abuse prevention. If you wish to preview the materials or have questions, please contact the Office of Faith Formation. Your signature acknowledges your understanding of this curriculum.

PARENT /GUARDIAN SIGNATURE: _____

Student #1

Name: _____ Sex: _____

Date of Birth: _____ Special Needs/Allergies: _____

School Attending-Fall 2024 _____ Grade/Fall 2024 _____

Last Year Faith Formation Location: _____

Date of Baptism: _____ Church: _____ Not Baptized _____

Please CHECK which program you want to enroll your child in. To enroll in sacramental preparation, students must simultaneously be enrolled in parish faith formation or Catholic school.

ELEMENTARY CLASSES	ELEMENTARY CLASSES	MIDDLE SCHOOL & HIGH SCHOOL	SACRAMENTAL PREPARATION
_____ grades 1-5 (St. Joseph) Sunday 9:00-10:15am _____ grades 1-5 (St. John) Sunday 9:30-10:45am _____ grades 1-5 (St. John) Monday 6:30-7:45pm	_____ Home Study grades 3-5 _____ Family Formation grades K-2	_____ grades 6-8 (St. John) Monday 6:30-7:45pm _____ HSYM (grades 9-12) Sunday 6:30-8:00pm	_____ 1 st . Reconciliation/ 1 st . Eucharist (grades 2-12) _____ Confirmation Preparation (grades 10-12)

Student #2

Name: _____ Sex: _____

Date of Birth: _____ Special Needs/Allergies: _____

School Attending-Fall 2024 _____ Grade/Fall 2024 _____

Last Year Faith Formation Location: _____

Date of Baptism: _____ Church: _____ Not Baptized _____

Please CHECK which program you want to enroll your child in. To enroll in sacramental preparation, students must simultaneously be enrolled in parish faith formation or Catholic school.

ELEMENTARY CLASSES	ELEMENTARY CLASSES	MIDDLE SCHOOL & HIGH SCHOOL	SACRAMENTAL PREPARATION
_____ grades 1-5 (St. Joseph) Sunday 9:00-10:15am _____ grades 1-5 (St. John) Sunday 9:30-10:45am _____ grades 1-5 (St. John) Monday 6:30-7:45pm	_____ Home Study grades 3-5 _____ Family Formation grades K-2	_____ grades 6-8 (St. John) Monday 6:30-7:45pm _____ HSYM (grades 9-12) Sunday 6:30-8:00pm	_____ 1 st . Reconciliation/ 1 st . Eucharist (grades 2-12) _____ Confirmation Preparation (grades 10-12)

Student #3

Name: _____ Sex: _____

Date of Birth: _____ Special Needs/Allergies: _____

School Attending-Fall 2024 _____ Grade/Fall 2024 _____

Last Year Faith Formation Location: _____

Date of Baptism: _____ Church: _____ Not Baptized _____

Please CHECK which program you want to enroll your child in. To enroll in sacramental preparation, students must simultaneously be enrolled in parish faith formation or Catholic school.

ELEMENTARY CLASSES	ELEMENTARY CLASSES	MIDDLE SCHOOL & HIGH SCHOOL	SACRAMENTAL PREPARATION
_____ grades 1-5 (St. Joseph) Sunday 9:00-10:15am _____ grades 1-5 (St. John) Sunday 9:30-10:45am _____ grades 1-5 (St. John) Monday 6:30-7:45pm	_____ Home Study grades 3-5 _____ Family Formation grades K-2	_____ grades 6-8 (St. John) Monday 6:30-7:45pm _____ HSYM (grades 9-12) Sunday 6:30-8:00pm	_____ 1 st . Reconciliation/ 1 st . Eucharist (grades 2-12) _____ Confirmation Preparation (grades 10-12)

EMERGENCY CONTACT FOR FAMILY: In case of emergency, we will always attempt to reach the parents first. Please provide an alternative emergency contact in case we cannot reach you.

Name: _____ Phone: _____

Relationship to Student(s): _____

We need your help! Please complete if you are willing to help in a large or small capacity

Name: _____ Phone: _____

TUITION FEES			
\$110 for one student	\$220 for two students	\$330 for three+ students	Max of \$330 class tuition/ family
Sacrament Fees (these are in addition to Faith Formation tuition):		\$125 / child for 1 st Penance & Eucharist	\$150 / child for Confirmation

For Office Use Only

PAYMENT		
Elementary Classes grade 1-5	# of Students _____ x \$110	
Family Formation grade K-2	# of Students _____ x \$110	
Home Study grade 3-5	# of Students _____ x \$110	
MSYM grade 6-8	# of Students _____ x \$110	
HSYM grade 9-12	# of Students _____ x \$110	
Sacrament Preparation 1 st . Reconciliation / 1 st . Eucharist	# of Students _____ x \$125	
Confirmation Sac. Prep	# of Students _____ x \$150	
Credit Card Fee	3.5%	
Total Due		
Full Payment Cash Check Credit Card		
Partial Payment Cash Check		

ARCHDIOCESE OF BALTIMORE
DEPARTMENT OF EVANGELIZATION
320 Cathedral Street
Baltimore, Maryland 21201

TO: Parents (Legal Guardians)

Date:

FROM: St. John the Evangelist (*The "Parish"*)
Williamson

Administrator: Rev. John A.

St. Joseph on Carrollton Manor (*The "Parish"*)

Re: Faith Formation and Youth Ministry Programs – Permission/Waiver Agreement

Your child has the opportunity to participate in a voluntary Faith Formation and/or Youth Ministry programs at St John the Evangelist located at 112 East 2nd Street, Frederick, MD, and St Joseph-on-Carrollton Manor located at 5843 Manor Woods Rd, Frederick, MD

PROGRAM LOCATION: St. John the Evangelist / St. Joseph on Carrollton

Manor

DAY OF THE WEEK: Varies

TIME: Varies

DATES: September 2024 – May 2025

PARISH CONTACT/EMERGENCY NUMBER: to contact Parish during Faith Formation and Youth Ministry Programs 301-662-8288

This faith formation program is entirely voluntary. Participation requires that you, as parent or legal guardian, give written permission for your child to participate in this activity and accept risks associated with this program by signing and returning this Permission and Waiver Agreement. **If the signed Permission and Waiver Agreement is not received, your child will not be able to participate in the faith formation program.**

Permission and Waiver Agreement

I hereby give my express permission as parent/legal guardian for my child _____ (print your child’s name), to participate in the faith formation program referenced above.

I understand and acknowledge that my Child’s participation in the program may involve risk of injury that may result from my Child’s actions or inactions, the actions or inactions of others, and the inherent risks of the program (including but not limited to outdoor components of the program, exposure to sun and other elements, and changing environmental conditions due to inclement weather). I acknowledge that my Child’s participation in the program may also result in a greater risk of exposure to or contraction of COVID-19 or other infectious disease. Although proof of immunization is not required to participate in this program, if your Child is not immunized, he/she is considered at risk for the disease or diseases against which vaccination offers protection. Vaccine preventable diseases still exist, and especially can spread quickly in group settings, such as a religious education program like this one. If an outbreak of the disease against which an individual has not been fully vaccinated occurs during a religious education program, that individual’s risk of contracting the disease and suffering an adverse outcome increases significantly. I understand that my Child’s participation in the program may require a minimum level of fitness for safe participation, and neither the Parish nor the Archdiocese of Baltimore (“Archdiocese”) screens, medically or physically, individuals that participate in the program. I acknowledge that it is my sole responsibility to make certain that my Child is physically fit and healthy enough in every way to participate in the program. On behalf of my Child and myself, I fully understand, appreciate, and hereby assume all known and unknown dangers and risks related to my Child’s participation in the program and voluntarily elect to allow my Child to participate in the program. In consideration of the opportunity for my Child to participate in the program, I further knowingly and voluntarily on behalf of myself and my Child do hereby agree to forever RELEASE, HOLD HARMLESS, AND INDEMNIFY the Parish and the Archdiocese, including their agents, volunteers, and employees, to the fullest extent permitted by law from all liability or claims arising out of my Child’s participation in the program in any way, including all actions taken pursuant to this Agreement.

In the case of a health emergency or need of urgent healthcare, after a reasonable effort has been made to contact me and any below-named emergency contact(s) (or if the urgency of the circumstances does not allow for an attempt to contact me or any below-named emergency contact(s)), I authorize and consent to any medical care deemed necessary for my Child’s health and safety during the program. If my Child is not covered by hospitalization and medical insurance, I assume responsibility for the cost of hospitalization and medical care for my child.

I hereby authorize the Parish and the Archdiocese to take photographs, video, and audio recordings of my Child in connection with my Child’s participation in the program. I acknowledge and agree that photographs, video, or audio of participants in the program, including my Child, may be used, and published for educational and promotional purposes, including, for example, publications, website or social media content, or other print or electronic materials produced from time to time by the Parish or the Archdiocese. (Participants will not be identified by name, however, without specific written consent.) I agree that if I do not wish my Child to be photographed, videotaped, or audiotaped, I must notify the above-named Parish Administrator in writing.

This Agreement contains the entire understanding of the parties regarding this subject matter, and all communications regarding the issues addressed in this Agreement are hereby merged with and superseded by this Agreement. If any part of this Agreement is found to be invalid, such finding shall not impact any other part of this Agreement.

I CERTIFY THAT I AM THE PARENT OR LEGAL GUARDIAN OF THE ABOVE-NAMED CHILD, HAVE READ THE FOREGOING AGREEMENT, UNDERSTAND THAT I GIVE UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT VOLUNTARILY.

Signature Parent/Legal Guardian: _____ **Date:** _____

Parent/Legal Guardian phone number: _____

ADDITIONAL INFORMATION:

OTHER EMERGENCY CONTACTS (include cell phone numbers): _____

INCLUDE AND EXPLAIN any other information concerning allergies, illness, dietary restrictions, etc.: _____