

STEP 1 - REGISTRATION INFORMATION



Step 1 Complete the **REGISTRATION INFORMATION** form.

Step 2 Complete the **CLASS SELECTION** form.

Pick the program option (parish program, family program, home program) for your child.

Pick the corresponding grade/class for your child. One form can be used per family. Put the child's name in the class selection box.

Do not forget to include if your child will also be taking additional sacrament classes (page 3).

Step 3 Payment can be made via cash or check (payable to St. Catherine of Siena).

Step 4 Read and sign the **DIOCESE ANNUAL CONSENT AND RELEASE** form. One form per child is required.

Step 5 Provide a copy of your child's baptismal certificate if not celebrated at St. Catherine of Siena or St. Agnes Parish.

Step 6 Submit above information either by mail (St. Catherine Rectory, Attn: Faith Formation) or drop off at Rectory (blue overnight crate near front door).

Note: Class sizes are limited and will fill up quickly. The classes are subject to change based on catechist availability.

Your child's registration will only be processed if ALL of the above steps are completed.

Family Information

Family Last Name: _____

Mother's Full Name: _____

Father's Full Name: _____

Family Email Address: _____

Family Phone Number: _____

Street Address: _____

City: _____

Zip Code: _____

Student Information (Child 1)

Student's First Name: _____

Student's Last Name: _____

Student's Gender: _____

Date of Birth: _____

Baptism Date and Parish: _____

Name of public/private school that student attends: _____

Grade will enter in public/private school in Sept 2022: _____

Did you child attend faith formation in 2021-2022 year? _____

YES or NO

If yes, what parish did your child attend and what grade? _____

Any Special Needs? _____

Student Information (Child 2)

Student's First Name: _____

Student's Last Name: _____

Student's Gender: _____

Date of Birth: _____

Baptism Date and Parish: _____

Name of public/private school that student attends: _____

Grade will enter in public/private school in Sept 2022: _____

Did you child attend faith formation in 2021-2022 year? _____

YES or NO

If yes, what parish did your child attend and what grade? _____

Any Special Needs? _____

Student Information (Child 3)

Student's First Name: _____

Student's Last Name: _____

Student's Gender: _____

Date of Birth: _____

Baptism Date and Parish: _____

Name of public/private school that student attends: _____

Grade will enter in public/private school in Sept 2022: _____

Did you child attend faith formation in 2021-2022 year? _____

YES or NO

If yes, what parish did your child attend and what grade? _____

Any Special Needs? _____

Parent Volunteer Information

I am interested in volunteering in the program by:

(circle all that apply)

Catechist

Catechist assistant

School hall monitor
for in-person classes



STEP 2 - CLASS SELECTION



- Step 1** Complete the **REGISTRATION INFORMATION** form.
- Step 2** Complete the **CLASS SELECTION** form.
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 Pick the corresponding grade/class for your child. One form can be used per family. Put the child's name in the class selection box.
Do not forget to include if your child will also be taking additional sacrament classes (page 3).
- Step 3** Payment can be made via cash or check (payable to St. Catherine of Siena).
- Step 4** Read and sign the **DIOCESE ANNUAL CONSENT AND RELEASE** form. One form per child is required.
- Step 5** Provide a copy of your child's baptismal certificate if not celebrated at St. Catherine of Siena or St. Agnes Parish.
- Step 6** Submit above information either by mail (St. Catherine Rectory, Attn: Faith Formation) or drop off at Rectory (blue crate near front door).
- Note: Class sizes are limited and will fill up quickly. The classes are subject to change based on catechist availability. Your child's registration will only be processed if ALL of the above steps are completed.*

Option 1: Parish Program	Tuesday 4:15pm-5:15pm	Wednesday 4:15pm-5:15pm	Tuesday 6pm-7pm	Wednesday 6pm-7pm
K / Grade 1			n/a	n/a
Grade 2			n/a	n/a
Grade 3	n/a		n/a	n/a
Grade 4			n/a	n/a
Grade 5			n/a	n/a
Grade 6		n/a	n/a	n/a
Grade 7	n/a			
Grade 8	n/a	n/a		

PARISH PROGRAM DETAILS

Classes will be held in-person at the O'Connor Building that is located behind the St. Catherine Rectory.

Classes meet 2x per month.

K - 6th grade is offered on Tuesday or Wednesday from 4:15pm-5:15pm.

7th - 8th grade is offered on Tuesday or Wednesday from 6pm-7pm.

The catechist will teach all curriculum.

Class sizes are limited and will fill up quickly. The classes are subject to change based on catechist availability.

Your child's registration will only be processed if ALL steps are completed.

Cost \$200 per class / Late fee \$100 per child

Option 2: Family Program	Sunday 10am-11:30am
K / Grade 1	
Grade 2	
Grade 2 - Spanish	
Grade 3	
Grade 4	
Grade 5	
Grade 6	
Grade 7	n/a
Grade 8	n/a

FAMILY PROGRAM DETAILS

Classes will be held in-person at the O'Connor Building that is located behind the St. Catherine Rectory.

Classes meet 1 Sunday per month from 10am-11:30am.

It is recommended that children attend the 9am Mass at St. Catherine prior to going to the Family Program.

The catechist will teach 2 weeks of curriculum and the parent/guardian will teach the other 2 weeks of curriculum.

Class sizes are limited and will fill up quickly.

The classes are subject to change based on catechist availability.

Your child's registration will only be processed if ALL steps are completed.

Cost \$200 per class / Late fee \$100 per child

Option 3 : Home Program	Include child's name
K / Grade 1	
Grade 2	
Grade 3	
Grade 4	
Grade 5	
Grade 6	
Grade 7	
Grade 8	

HOME PROGRAM DETAILS

The parent/guardian will teach ALL curriculum.

The weekly assignments must be completed in full and submitted on the last day of each month.

Cost \$200 per class / Late fee \$100 per child

Sacrament Classes	Include child's name
First Rec and First Eucharist	
Confirmation Preparation	

SACRAMENT PREPARATION CLASSES DETAILS

First Reconciliation / First Eucharist classes will be completed in the winter/spring of 2023. Dates have not been set.

Confirmation classes will be held 1 Sunday per month. Teens are encouraged to attend the 5pm Mass at St. Catherine and then attend the in-person class from 6pm-8pm at the O'Connor building located behind the St. Catherine Rectory.

Cost: \$100 for First Reconciliation/First Eucharist
 Cost: \$100 for Confirmation



STEP 3 - STEP 6



Step 1 Complete the **REGISTRATION INFORMATION** form.

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Do not forget to include if your child will also be taking additional sacrament classes (page 3).

Step 3 Payment can be made via cash or check (payable to St. Catherine of Siena).

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Step 6 Submit above information either by mail (St. Catherine Rectory, Attn: Faith Formation) or drop off at Rectory (blue overnight crate near front door).

Note: Class sizes are limited and will fill up quickly. The classes are subject to change based on catechist availability.

Your child's registration will only be processed if ALL of the above steps are completed.

STEP 3: Payment

Payment can be made by cash or check. Please make the check payable to St. Catherine of Siena.

Note: Class sizes are limited and will fill up quickly. The classes are subject to change based on catechist availability.

Your child's registration will only be processed if ALL of the above steps are completed.

The registration fee for each child is \$200.

There is an additional sacramental fee of \$100 for children preparing to celebrate Communion and Confirmation.

There is a late registration fee for families registering after August 31st. The late fee is \$100 per child.

STEP 4: Diocese Annual Consent and Release

Read and sign the **DIOCESE ANNUAL CONSENT AND RELEASE** form. It can be found on the Youth Faith Formation webpage.

STEP 5: Baptismal Certificate

Provide a copy of your child's baptismal certificate if not celebrated at St. Catherine of Siena or St. Agnes Parish.

STEP 6: Submission

Submission can be made 2 different ways. Please mail or drop off the above information.

Note: Class sizes are limited and will fill up quickly. The classes are subject to change based on catechist availability.

Your child's registration will only be processed if ALL of the above steps are completed.

Mail to: St. Catherine Rectory (Attn: Faith Formation), 4 Riverside Avenue, Riverside CT 06878

Drop off: St. Catherine Rectory - leave in the blue overnight crate near the front door

ANNUAL CONSENT AND RELEASE

DIOCESE OF BRIDGEPORT PARISH ANNUAL PARENTAL CONSENT AND RELEASE FORM

PARISH St. Catherine of Siena and St. Agnes

YEAR _____

Personal Information

Full Name of Child			
Address			
City	State	Zip	
Home Phone	Date of Birth ___/___/_____	Grade	
Participant E-Mail			
Participant Cell Phone			

Providing email address and cell number grants permission for electronic communication from group leader to this young person regarding all group activities, in accord with diocesan guidelines.

Medical Information

- * Yes No Does your child have any allergies (food or medicinal)? If Yes, please explain below.
- Yes No Can your child participate in all activities (physical and social)?
- * Yes No Does your child have an IEP (individual education plan) at school?
- * Yes No Does your child participate in any Special Education programs at school?
- * Yes No Has your child been diagnosed with ADHD?
- * Yes No Is your child allergic to bee stings?***
- * Yes No Does your child have asthma?***
- * Yes No Are there any serious medical conditions of which the Youth Minister, Director/ Coordinator of Religious Education, Parish Nurse (if applicable) should be aware? *

**If you answered 'yes' to any of the above, it is the responsibility of the parent/guardian to check with parish representatives to ensure those items *ed above will not endanger the young person. **Epi-pens should be carried by the young person, if appropriate, and parents/guardians should discuss protocol before enrollment.*

Current Prescription Medications	
Medicinal Allergies	
Food Allergies	

Parent/Guardian Information (Mother)

Full Name of Mother			
Home Phone			
Cell Phone		Email	

Parent/Guardian Information (Father)

Full Name of Father			
Home Phone			
Cell Phone		Email	

Additional Emergency Contact

Full Name of Emergency Contact			
Home Phone		Cell Phone	

In Case of Emergency

The following procedures are in place if your child becomes sick or injured or needs to be sent home for disciplinary reasons. Calls will be made to the following numbers, in the following order.

1. Home and cell phones of Mother/Father/Guardian
2. Home and cell phones of Emergency Contact
3. Ambulance for transportation of child to medical facility (in case of injury). In case of a major injury that requires immediate medical attention, an ambulance may be called first.

Staff will continue to call the parents or guardians until one is reached. Please note information on this form will be shared with emergency medical staff.

Personal Electronic Technology Devices (PTD)

All extraneous personally owned technology devices, including, but not limited to, cellular phones, gaming devices, headsets, and other communication devices are for use only during an actual lock down or emergency. Other devices, including, but not limited to, tablet PCs, mobile presenters, wireless tablets, digital audio and video recorders, smart phones, smart watches, iPods, Kindles, iPads, camera video phones, digital cameras or laptops are to be used only when permission has been granted by an institutional or organizational employee or volunteer with the authority to grant such permission. Devices capable of capturing, transmitting, or storing images or recordings may never be accessed, turned on or operated in restrooms, or other areas where there is a reasonable expectation of privacy. To protect the safety and well-being of students, staff, and other community member's personal property and to avoid disruptions to the learning environment; group leaders, or catechists reserve the right to confiscate or collect any PTD. The content of any PTD device may be reviewed by a designated chaperone or official as part of any investigation of policy violation or other suspected inappropriate, immoral and/or illegal use. If an illegal act is discovered, local law enforcement officials will be contacted. The Roman Catholic Diocese of Bridgeport and its parishes and organizations are not responsible for any harm to PTDs, including by not limited to the loss, theft, damage, or destruction of PTDs or any contents therein.

Parent Initial _____

Photo Release

I understand that promotional pictures (individual and group) may be taken during officially sanctioned events. I give permission for my son's/daughter's picture to be used for promotional materials (newsletter, web page, social media etc.) in highlighting the event. I understand, however, that the above-named parish/institution has no control over the use of photograph or film taken by media or private vendors that may be covering events (i.e., videographer at a First Communion). If you wish to **opt out**, please do not initial.

Parent Initial _____

Medication

I understand that the above-named individual while participating in the above-named parish youth activity(ies) and faith formation opportunities during the current program year should not self-administer medication of any kind. I authorize responsible personnel, if the circumstances warrant, to administer over the counter medications if available. In doing so, the personnel will not incur any liability or responsibility for any action or inaction taken based on their reasonable judgement and the specific facts of any situation. I hereby understand and acknowledge the role of responsible personnel and accept this practice related to medications.

Parent Initial _____

Permission and Hold Harmless

I hereby give my consent for the above-named individual to participate in the above-named parish youth activity(ies) and faith formation opportunities during the current program year. I authorize responsible personnel to obtain proper medical treatments should it become necessary. Excluding intentional, deliberately-inflicted and illegally caused injuries, I further agree, in consideration of the above named parish's sponsorship of beneficial youth programs, to release the above named parish, the Roman Catholic Diocese of Bridgeport, and all of their employees, directors, administrators, youth ministers and volunteers from all legal liability for accidental injuries suffered by my child as a result of participation in activities, or travel to and from any officially sanctioned event. Providing, however, that recourse is reserved to seek damages, medical and hospital expenses, and court costs for any such accidental injuries to my child incurred during an officially sanctioned event from any liability insurance carrier within the limits of its liability policy.

If I cannot be reached and the parish authorities have followed the procedures described, I agree to assume all expenses for transporting and medically treating this student. I also hereby consent to any treatment, surgery, diagnostic procedures which may be carried out based on the medical judgment of attending physician.

I understand that the Diocese of Bridgeport and its staff are committed to providing fun, safe, educational experiences and that diocesan events are conducted in smoke-, alcohol-, and drug-free environments. Considering this, and to help ensure the safety of all concerned, I understand that if my child is in possession of drugs, alcohol, or tobacco products, engages in illegal, immoral, or offensive behaviors, or refuses to follow the directions given by event staff or volunteers while participating in this activity, I will be contacted immediately to pick up my child.

I affirm that the information above is true and correct and may be shared with parish personnel on a "need to know" basis.

Signature of Parent/Guardian: _____

Relationship to Participant: _____ Date: _____