Christian Formation Registration Form

**2018-2019 Family Catechesis Sessions (Religious Education)**

**Grades K-12**

**Crozet Catholic Community –A Mission of Incarnation Parish**

**Co-coordinators: Regina Grammatico, Denise Wilcox**

[**crozetchristianformation@gmail.com**](mailto:crozetchristianformation@gmail.com)

Note: To participate, families must be registered in Crozet. If you are not registered, please complete a Crozet Catholic Community Registration Form and return the two forms together.

**Fees for the 2018-2019 Year:**

**$20.00 one child $30.00 two children $40.00 three or more children**

# TOTAL NUMBER OF CHILDREN REGISTERING: \_\_\_\_\_ REGISTRATION FEE: \_\_\_\_\_\_\_

**Family Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Mother’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Father’s name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Guardian (if applicable) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email address (please print clearly) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Primary Phone Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*I give permission to have pictures and/or video of my children in activities related to the community or Diocesan events posted in Crozet, Holy Comforter or Diocesan publications or websites. Names will not be used without expressed permission from the parent or guardian*.

\_\_\_\_\_ yes \_\_\_\_\_no Parent/Guardian Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_

The Catholic Diocese of Richmond is committed to ensuring that diocesan institutions and ministries provide a safe and nurturing environment for children, young people and vulnerable individuals.  The mission of the diocese *Safe Environment Program* is to create a safe environment incorporating the standards as outlined in the Charter for the Protection of Children and Young People. I understand, as parent or guardian, I will be instructing my own children and no VIRTUS training is needed.

**Please let us know if you are VIRTUS trained** \_\_\_\_\_yes \_\_\_\_\_no

Parent/Guardian Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please indicate if your child will be participating in Sacramental Preparation Classes.**

In Richmond Diocese, children who are a minimum of 7 years old and in the 2nd grade may receive their First Sacraments. Children who are at least 15 years old and in 10th grade may be confirmed. Children must have been in a regular RE class for 1st /9th grade to enroll in the following Sacramental year. RCIC for children requirements differ.

1. **Child’s Full Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Date of birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade entering in the FALL \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Check sacraments received:

\_\_\_\_\_ Baptism \_\_\_\_\_First Reconciliation \_\_\_\_\_ First Communion \_\_\_\_\_Confirmation

This year s/he has been registered for CF classes at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_church \_\_\_\_grade

**Please register my child for Sacramental Preparation class \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Any medical, dietary, educational needs?**

1. **Child’s Full Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Date of birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade entering in the FALL \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Check sacraments received:

\_\_\_\_\_ Baptism \_\_\_\_\_First Reconciliation \_\_\_\_\_ First Communion \_\_\_\_\_Confirmation

This year s/he has been registered for CF classes at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_church \_\_\_\_grade

**Please register my child for Sacramental Preparation class \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Any medical, dietary, educational needs?**

**……………………………………………………………………………………………………**

1. **Child’s Full Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Date of birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade entering in the FALL \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Check sacraments received:

\_\_\_\_\_ Baptism \_\_\_\_\_First Reconciliation \_\_\_\_\_ First Communion \_\_\_\_\_Confirmation

This year s/he has been registered for CF classes at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_church \_\_\_\_grade

**Please register my child for Sacramental Preparation class \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Any medical, dietary, educational needs?**

**………………………………………………………………………………………………………**

**4. Child’s Full Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Date of birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade entering in the FALL \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Check sacraments received:

\_\_\_\_\_ Baptism \_\_\_First Reconciliation \_\_\_\_\_ First Communion \_\_\_\_\_Confirmation

This year s/he has been registered for CF classes at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_church \_\_\_\_grade

**Please register my child for Sacramental Preparation class \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Any medical, dietary, educational needs?**

**………………………………………………………………………………………………………**

## In an envelope labeled Christian Formation, enclose this form and a check payable to Holy Comforter with Crozet Mission CF on the subject line. At the Crozet Mass give the envelope to Denise Wilcox or Regina Grammatico or put it into the collection basket.

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