**HOLY FAMILY FAITH FORMATION REGISTRATION 2017-2018**

Registration can be completed by returning this form to the Parish Offices—3732 SE Knapp, the school office or by dropping it into the Sunday Collection. Please be conscientious and register soon so that we may offer you the best programs possible.

**Be sure to complete both sides and the Consent and Release Form as well.**

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Family Name Father Mother

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address City Zipcode Phone

E-mail (if you use it regularly)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PLEASE ENROLL - - -** **Pre-K RE** (K, 1, 2, 3, 4, 5), **MS**(6-8) **HS**(9-12) **IN STUDENT PROGRAMS:**   **Sac. Prep** **Confirmation** **RCIA for Children/Youth**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Name | Birthdate | Grade in School | School Name | Program(s) to be enrolled in | **If applicable** | **Preferred form of communication - √** |
| **Youth email** | **Youth cell phone** | **Text** | **Email** | **Home phone** |
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**FEE ENCLOSED: \_\_\_\_\_\_\_\_\_\_\_ Plus I would like \_\_\_\_ individual subscription to MagnifiKid @ $16/subscription for the year.**

**SCHOLARSHIPS ARE AVAILABLE — Please contact Vicki or Amanda @ 503-774-1428 – Vicki (ext. 123) Amanda (ext. 125) OR Krisi @ ext. 107**

**Fee Schedule**

Faith Formation including Sunday school, Eucharist/ Reconciliation prep, & Youth Ministry $50/1 child, $80/2, or $100/3 or more

Confirmation Fee $150 (includes Youth Ministry)

The Mission of Holy Family Catholic Parish is to be a welcoming faith community grounded in Gospel values and

dedicated to making God known to our members and all who enter our doors.

We foster positive relationships with God and one another through active participation

in the ministries of worship, education, celebration, and service to all.

\_\_\_\_\_ I (we) are interested in participating in RCIA (looking at joining the Catholic Faith).

\_\_\_\_\_ I (we) would participate in

\_\_\_\_\_ CAFÉ Nights \_\_\_\_\_ Women’s Days of Recollection

\_\_\_\_\_ Bible Discussion … Daytime or Evening (please circle) \_\_\_\_\_ College/Young Adults

\_\_\_\_\_ Adult Ed Classes - Best Evening \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_ Marriage and Family Life – small groups

\_\_\_\_\_ Small Faith Sharing How often? \_\_\_\_\_\_\_\_\_ \_\_\_\_\_ Rosary Making (2nd W at 9:30 AM)

\_\_\_\_\_ Young Ladies Institute

 FAITH FORMATION CANNOT HAPPEN WITHOUT **YOU**! How will you help these programs continue?

**\_\_\_\_\_ Catechist / Teacher** \_\_\_\_ Sunday Morning Classes \_\_\_\_ Eucharist / Reconciliation \_\_\_\_ Baptism Prep for Parents

\_\_\_\_\_ Liturgy of the Word \_\_\_\_ 8:30 or \_\_\_\_10:30 \_\_\_\_\_ RCIA

\_\_\_\_\_ Adult Helper \_\_\_\_\_ Team

\_\_\_\_\_ Sunday School Helper (6th Grade and older) \_\_\_\_\_ Sponsor

\_\_\_\_\_ Youth Group / Youth Ministry / Confirmation volunteer \_\_\_\_\_ Hospitality

\_\_\_\_\_ Hospitality for special activities / meetings \_\_\_\_\_ RCIA for Children

\_\_\_\_\_ Hospitality for Sacramental Classes & Receptions \_\_\_\_\_ Office assistance, mailings, copying, etc.

\_\_\_\_\_ Seasonal Activities

\_\_\_\_\_ **CAFÉ Nights** (Sundays) \_\_\_ Set-up / Clean-up \_\_\_ Lead Activities for Children \_\_\_ Nursery

\_\_\_\_\_ Scholarship for someone unable to pay

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**CONSENT AND RELEASE FOR FAITH FORMATION PROGRAMS 2017-18**

**TO: HOLY FAMILY CATHOLIC CHURCH—PORTLAND, OREGON**

 In order for my minor child(ren), as listed on the registration form, to take part in and receive the advantages of programs planned and sponsored by Holy Family, permission is hereby granted for my child(ren) to participate in the activities included in the programs as approved by the Archdiocese of Portland.

 It is further understood and agreed that I authorize Holy Family and its employees, volunteer teachers or chaperones to secure the necessary medical services for my child(ren) in the event of an accident or illness. Further, I will be solely responsible for the payment of those services.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(parent or guardian—please print)

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(parent or guardian signature) (date)

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 An alternate emergency contact:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ALSO -

Please note that any pictures of your child (ren) may be used on our website for informational or promotional purposes.