

St. Francis Xavier Parish
Religious Educational Programming

Information is held in confidence and is not shared without your permission.

Today's Date: _____

FAMILY INFORMATION

Head of Household:

Name: First: _____ Middle: _____ Last: _____

Relationship to Child: _____ Religion: _____ Marital Status: _____

Phone: (*daytime*) _____ (*evening/weekend*) _____

Cell phone: _____ Email: _____

Sacraments: Baptism Reconciliation Confirmation

Eucharist Marriage (in the Catholic Church by a Priest/Deacon)

Would you be interested in completing any missing sacraments? _____

Spouse:

Name: First: _____ Middle: _____ Last: _____

Relationship to Child: _____ Religion: _____ Marital Status: _____

Phone: (*daytime*) _____ (*evening/weekend*) _____

Cell phone: _____ Email: _____

Sacraments: Baptism Reconciliation Confirmation

Eucharist Marriage (in the Catholic Church by a Priest/Deacon)

Would you be interested in completing any missing sacraments? _____

If child/teen lives with one parent/guardian, please indicate who has legal custody and/or if the child/teen also lives with a step-parent:

If there is a joint custody arrangement, please provide an alternate full address:

MAILING ADDRESS

Full mailing address: _____

1st CHILD/TEEN'S INFORMATION:

Name: First:_____ Middle:_____ Last:_____

Date of Birth:_____ Age in August:_____ Gender: Male Female

Place of Birth:_____ (include **locality** (town/city/county), **region** (state, province, territory, etc.) and **country**)

Grade Level in August:_____ School:_____ School District:_____

What language does your child speak at home:_____

What language does your child read/write most fluently:_____

Was your child in Religious Education at St. Francis Xavier last year? Yes No

If yes, were they in CGS or RCIA or EDGE or Life Teen?

Was your child in Religious Education at another parish last year? Yes No

If yes, what parish did they attend? _____ (include **locality** (town/city/county), **region** (state, province, territory, etc.) and **country**)

Religious History:

1. Has your child/teen ever been baptized? Yes No I am not sure.

If you answered "yes" to questions 1, please provide the following information:

- a. In what denomination was your child baptized? _____
- b. Date or approximate age when your child/teen was baptized: _____
- c. Place of Baptism (*name of church and denomination*): _____
- d. Address (*if known*): _____

(include **locality** (town/city/county), **region** (state, province, territory, etc.) and **country**)

2. If your child/teen was baptized as a Catholic, check those sacraments he/she has received:

- a. Reconciliation (Confession)
 - i. Church Name: _____
 - ii. Date:_____ City/State: _____
- b. Confirmation
 - i. Church Name: _____
 - ii. Date:_____ City/State: _____
- c. Eucharist (First Communion)
 - i. Church Name: _____
 - ii. Date:_____ City/State: _____

Special Needs:

Please let us know if your child has any special needs so we can better serve him/her.

- ADD or ADHD
- Autism (please describe below)
- Downs Syndrome
- Hearing or Visually Impaired
- Speech Delayed
- Epilepsy
- Allergies/Medications:_____
- Health Concerns:_____
- Other:_____

Please explain:

***We may contact you so you can explain the needs of your child so that we may hope to serve them to the best of our ability.

SIBLING(S) INFORMATION: List any siblings that will be enrolled in Religious Education Programs at St. Francis Xavier.

2nd CHILD/TEEN'S INFORMATION

Name: First: _____ Middle: _____ Last: _____

Date of Birth: _____ Age in August: _____ Gender: Male Female

Place of Birth: _____

(include **locality** (town/city/county), **region** (state, province, territory, etc.) and **country**)

Grade Level in August: _____ School: _____ School District: _____

What language does your child speak at home: _____

What language does your child read/write most fluently: _____

Was your child in Religious Education at St. Francis Xavier last year? Yes No

If yes, were they in CGS or RCIA or EDGE or Life Teen?

Was your child in Religious Education at another parish last year? Yes No

If yes, what parish did they attend? _____

(include **locality** (town/city/county), **region** (state, province, territory, etc.) and **country**)

Religious History:

3. Has your child/teen ever been baptized? Yes No I am not sure.

If you answered "yes" to questions 1, please provide the following information:

e. In what denomination was your child baptized? _____

f. Date or approximate age when your child/teen was baptized: _____

g. Place of Baptism (*name of church and denomination*): _____

h. Address (*if known*): _____

(include **locality** (town/city/county), **region** (state, province, territory, etc.) and **country**)

4. If your child/teen was baptized as a Catholic, check those sacraments he/she has received:

a. Reconciliation (Confession)

i. Church Name: _____

ii. Date: _____ City/State: _____

b. Confirmation

i. Church Name: _____

ii. Date: _____ City/State: _____

c. Eucharist (First Communion)

i. Church Name: _____

ii. Date: _____ City/State: _____

Special Needs:

Please let us know if your child has any special needs so we can better serve him/her.

ADD or ADHD

Epilepsy

Autism (please describe below)

Allergies/Medications: _____

Downs Syndrome

Health Concerns: _____

Hearing or Visually Impaired

Other: _____

Speech Delayed

Please explain:

**We may contact you so you can explain the needs of your child so that we may hope to serve them to the best of our ability.

3rd CHILD/TEEN'S INFORMATION

Name: First: _____ Middle: _____ Last: _____

Date of Birth: _____ Age in August: _____ Gender: Male Female

Place of Birth: _____
(include **locality** (town/city/county), **region** (state, province, territory, etc.) and **country**)

Grade Level in August: _____ School: _____ School District: _____

What language does your child speak at home: _____

What language does your child read/write most fluently: _____

Was your child in Religious Education at St. Francis Xavier last year? Yes No

If yes, were they in CGS or RCIA or EDGE or Life Teen?

Was your child in Religious Education at another parish last year? Yes No

If yes, what parish did they attend? _____
(include **locality** (town/city/county), **region** (state, province, territory, etc.) and **country**)

Religious History:

5. Has your child/teen ever been baptized? Yes No I am not sure.

If you answered "yes" to questions 1, please provide the following information:

i. In what denomination was your child baptized? _____

j. Date or approximate age when your child/teen was baptized: _____

k. Place of Baptism (*name of church and denomination*): _____

l. Address (*if known*): _____
(include **locality** (town/city/county), **region** (state, province, territory, etc.) and **country**)

6. If your child/teen was baptized as a Catholic, check those sacraments he/she has received:

a. Reconciliation (Confession)

i. Church Name: _____

ii. Date: _____ City/State: _____

b. Confirmation

i. Church Name: _____

ii. Date: _____ City/State: _____

c. Eucharist (First Communion)

i. Church Name: _____

ii. Date: _____ City/State: _____

Special Needs:

Please let us know if your child has any special needs so we can better serve him/her.

ADD or ADHD

Epilepsy

Autism (please describe below)

Allergies/Medications: _____

Downs Syndrome

Health Concerns: _____

Hearing or Visually Impaired

Other: _____

Speech Delayed

Please explain:

**We may contact you so you can explain the needs of your child so that we may hope to serve them to the best of our ability.

EMERGENCY CONTACTS

Name: _____ Relationship: _____
Phone Number: _____ Cell: _____
Name: _____ Relationship: _____
Phone Number: _____ Cell: _____

PHOTO RELEASE

I, _____, give my permission to St. Francis Xavier to use any photographs that may be taken during religious formation for promotion of catechetical programs through St. Francis Xavier publications only (website, bulletin, social media, etc.)
Circle one: Yes No

EMERGENCY

In case of severe emergency, I give permission to St. Francis Xavier to get emergency medical treatment for my child even if I cannot be contacted.

Signature: _____ Date: _____

MINISTRY OPPORTUNITIES

Are you interested in being a catechist aid and/or volunteer in your child’s program? Yes No

**COMPLETE THIS SECTION ONLY IF OPTING OUT
OF SAFE ENVIRONMENT EDUCATION FOR YOUTH:**

If you choose to have your child NOT attend the Safe Environment lesson during their religious education program, please indicate below.

I, _____ (print parent name) choose to have my child(ren) (list names)

NOT ATTEND the safe environment lesson during religious education.

Parent/Guardian Signature: _____ Date: _____

AUTHORIZATION FOR DROP OFF/PICK UP

Family Last Name: _____
Children’s Names: _____

The following people are authorized to drop off/pick up the child(ren). Please include phone number.

Is there anyone who is not authorized to drop off/pick up the child(ren)?

I will make sure everyone authorized to drop off/pick up my child(ren) understand agree to abide by the drop off/pick up procedures.

Parent Signature: _____ Date: _____

PROGRAM SPECIFIC TIMES

CATECHESIS OF THE GOOD SHEPHERD (CGS)

If your child is 3 years old through the 5th grade and already baptized, they would attend CGS. The times are as follows; please list your first and second choice.

3 years old through Kindergarten:

MONDAY	TUESDAY	WEDNESDAY	THURSDAY
10-12am	10-12am	10-12am	10-12am
	1-3pm (homeschooled)		1-3pm (homeschooled)
4-5:30pm	4-5:30pm	4-5:30pm	4-5:30pm
6:-7:30pm		6:-7:30pm	

1st through 5th grade

MONDAY	TUESDAY	WEDNESDAY	THURSDAY
	1-3pm (homeschooled)		1-3pm (homeschooled)
4-5:30pm	4-5:30pm	4-5:30pm	4-5:30pm
6:-7:30pm	6:30:-7:45pm	6:-7:30pm	

PLEASE SELECT YOUR FIRST AND SECOND CHOICE:

- 1) DAY: _____ TIME: _____
- 2) DAY: _____ TIME: _____

RITE OF CHISTIAN INITIATION FOR CHILDREN AND FAMILIES(RCIC)

If your child is 8-17 years old and has never been baptized, they would attend RCIC. Participants in RCIC must enroll and complete the age appropriate program (CGS, EDGE, or Life Teen) for a full year before enrolling in sacramental preparation with RCIC. Please contact Mindy Longwell for more information: mindy.longwell@sfxsj.org or 602-212-4530.

6th-8th GRADE: EDGE- Meets every Tuesday from 6:30pm to 8:00pm.

If your child is in the 6th-8th grade, they will attend our EDGE Youth Program. If your child is in need of First Eucharist and/or Confirmation, they must attend one year of EDGE prior to the year that they prepare for their sacraments. In the second year, your child will attend EDGE and a sacrament preparation class. Please contact Elizabeth Bayardi for more information : elizabethb.lifeteen@sfxsj.org or 602-212-4529.

9TH-12TH GRADE: LIFE TEEN- Life Teen at St. Francis begins with our Teen Mass every Sunday at 5:00pm followed by a weekly Life night from 6:15pm to 8:00pm.

If your child is in the 9th-12th grade, they will attend our Life Teen Youth Program. If your child is in need of First Eucharist and/or Confirmation, they must attend one year of Life Teen prior to the year that they prepare for their sacraments. In the second year, your child will attend Life Teen and a sacrament preparation class. Please contact Elizabeth Bayardi for more information : elizabethb.lifeteen@sfxsj.org or 602-212-4529.

Office Use Only:

Registration Form evaluated by: _____ Date: _____

Date Pd _____ Amt pd _____ Payment Type: Check Cash Credit Initials _____

Forms approved by Fr. Daniel Sullivan, SJ on 9/8/15

RELIGIOUS EDUCATION TUITION PAYMENT PLAN
ST. FRANCIS XAVIER CATHOLIC FAITH COMMUNITY
AUTOMATIC WITHDRAWAL AUTHORIZATION FOR CREDIT/DEBIT CARDS

Please fill out this form and return to the Parish Center
4715 N. Central Ave. Phoenix, AZ 85012

Tuition is to be applied to the following programs: Please mark the number of people enrolled in each program.

- _____ Number of participants in Catechesis of the Good Shepherd (\$125 per child)
- _____ Number of participants in Rite of Christian Initiation for Children (\$50 per child)
- _____ Number of participants in EDGE (\$125 per child)
- _____ Number of participants in EDGE retreat (price to be announced)
- _____ Number of participants in Life Teen retreat (\$180 per child)
- _____ Number of participants in Rite of Christian Initiation for Adults (\$150 per person)

I (we) hereby authorize St. Francis Xavier Parish, hereinafter called St. Francis Xavier, to charge my credit card for my RCIA Tuition Payment Plan. Payments are processed once per month.

Credit Card Holder: _____ Envelope #: _____

Billing Address: _____
Street Address

City/State/Zip

Credit Card #: _____ Expiration Date: _____

Type of Credit Card: _____ VISA _____ MASTERCARD _____ AMEX _____ DISCOVER

Please withdraw \$_____ from the above stated credit card each month for my Religious Education Tuition.

I would like to contribute to the St. Francis Xavier Scholarship Fund for Religious Education.
Any amount you could give is greatly appreciated!

One Time Contribution of \$ _____

or

Monthly Contribution of \$ _____

Please also withdraw \$_____ from the above stated account each **month** for my contribution to the St. Francis Xavier Scholarship Fund for Religious Education.

Payment beginning date: _____ Payment ending date: _____

This authority is to remain in full force and effect until St. Francis Xavier has received written notification from me (or either of us) of its termination in such time and manner as to afford St. Francis Xavier a reasonable opportunity to act on it.

Print Name: _____ Envelope#: _____

Signature

Date

(Confidential form not to be copied or shared)

**RELIGIOUS EDUCATION TUITION PAYMENT PLAN
ST. FRANCIS XAVIER CATHOLIC FAITH COMMUNITY
AUTOMATIC WITHDRAWAL AUTHORIZATION
FOR A CHECKING/SAVINGS ACCOUNT**

**Please fill out this form and return to the Parish Center
4715 N. Central Ave. Phoenix, AZ 85012**

Tuition is to be applied to the following programs: Please mark the number of people enrolled in each program.

- _____ Number of participants in Catechesis of the Good Shepherd (\$125 per child)
- _____ Number of participants in Rite of Christian Initiation for Children (\$50 per child)
- _____ Number of participants in EDGE (\$125 per child)
- _____ Number of participants in EDGE retreat (price to be announced)
- _____ Number of participants in Life Teen retreat (\$180 per child)
- _____ Number of participants in Rite of Christian Initiation for Adults (\$150 per person)

I (we) hereby authorize St. Francis Xavier Parish, hereinafter called St. Francis Xavier, to debit entries to my (our) account indicated below and the financial institution named below, to debit the same to such account.

Financial Institution Name _____

_____ Type of Account: __ Checking __ Savings
Routing Number Account Number

Please withdraw \$_____ from the above stated account each month for my Religious Education Tuition.

- I would also like to contribute to the St. Francis Xavier Scholarship Fund for Religious Education. Any amount you could give is greatly appreciated!
 - One Time Contribution of \$_____
 - or*
 - Monthly Contribution of \$_____

Please also withdraw \$_____ from the above stated account each **month** for my contribution to the St. Francis Xavier Scholarship Fund for Religious Education.

Payment beginning date: _____

Deductions will be made on the 1st day of each month.

This authority is to remain in full force and effect until St. Francis Xavier has received written notification from me (or either of us) of its termination in such time and manner as to afford St. Francis Xavier a reasonable opportunity to act on it.

Print Name: _____ Envelope#: _____

Address

City/State/Zip

Signature

PLEASE ATTACH A VOIDED CHECK TO THIS FORM

Date