

## **Registration 2021-22**

FAMILY FAITH FORMATION
September 22nd - May 15th
Wednesday evenings
5:30—6:45 p.m.

Father's Full Name		
Mother's Full Name		
Mailing Address		
City, State, Zip		
Mother's Cell		
Father's Cell		
Home Phone		
Email(s)		
Please write your child's full name as it appears		
rieuse write your child's juil hame as it appears	on the birth cer	injicate
Child's Name Grade	Birth Date	
This year I desire for my child to receive the sacraments of: Baptism	Holy Communion	Confirmation
Child's Name Grade	Birth Date	·
This year I desire for my child to receive the sacraments of: Baptism	Holy Communion	Confirmation
Child's Name Grade	Birth Date	
This year I desire for my child to receive the sacraments of: Baptism	Holy Communion	Confirmation
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Child's Name Grade	Birth Date	
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Child's Name Grade	Birth Date	
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I acknowledge and understand that parent participation is a commit to making weekly Sunday Mass and Faith Formation a one parent will be actively participating in both.  Sign here to acknowledge:		

## Parents, You are the Heart of Faith Formation

Because parents are a **child's first and enduring teachers**, you as parents are the teachers of your child's faith formation. **No one can take your place!** It is essential to your child's growth and development in the Catholic faith that you **live the life of faith at home and in the world**. The success of your child's formation in Christ radically depends upon your parental example and participation both in weekly Faith Formation and the sacramental life of the Church.

This year's program is **focused on giving you the tools you need to live the life of faith** in the home, with your children. With this in mind, we invite your family to make Faith Formation and weekly Mass of top priority because God has great things in store for you and your children!

Mass of top priority because dod has great trinigs in store for you and your crindren:		
How do you plan to participate this year?		
☐ In-person Classes ☐ Home-school Materials		
Do any of your children have MEDICAL conditions/allergies we should be aware of? No		
Name Describe		
Name Describe		
Is there any other information regarding your child that you would like the teacher to know?		
(Schedule conflicts, recent/relevant illness, death, separation, learning abilities, behavioral issues, etc.)		
Describe		
Can you volunteer in the classroom this year?		
Are you a registered member of the parish?   Yes   No (This form will update your information)		
☐ I'd like to receive offertory envelopes ☐ I'd like to receive Denver Catholic Newspaper		
☐ Subscribe me to the parish email list ☐ I'd like to volunteer in other ministries		
FAITH FORMATION REGISTRATION & MATERIALS FEE		
Cost per family—\$75: Check Cash Credit Card/ e-check: www.stmaryaspe.org, click donate.		
If your family would like to request a scholarship, please include a written statement of need.		
Payment Pecaived Date:		