

**2018 - 2019**

# Saint Lawrence Faith Formation



**Two-Week Summer Program:  
Grades 1-7  
Sundays: Grades 1-6**

**Free Homeschool Resources for Kindergarten**

**\*\* 8th Graders Begin the Confirmation Curriculum**

**JOIN OUR TEAM  
OF VOLUNTEERS!!**



**Please Join Us and VOLUNTEER as a Teacher, Aide or Principal**

\*\* (All volunteers are required by the Diocese to adhere to the following: Sign a Volunteer Code Of Conduct, Undergo a Criminal Record Check and participate in a *Creating a Safe Environment* Training Session.)

**Cash, Check or WeShare [www.stlawrencegreeceny.org](http://www.stlawrencegreeceny.org) There are No Refunds on Tuition please.**

**CLASS SESSIONS:      \$100.00 for One Child; \$20.00 for EACH additional child.**  
(One half of total tuition cost due upon registering; balance due by August 31st.)

**HOMESCHOOLING:      \$50.00 for ONE Child; \$10.00 for EACH additional child.**  
(One half of total tuition cost due upon registering; balance due by August 31st.)

**(Each Homeschool Family will be contacted by mail by the Faith Formation Director, three times during the school year, to review your child(ren's) progress. All work completed by students will be notated for Diocesan Record keeping.)**

- The church is happy to help any families in true financial need, aiding with tuition cost.
- Classes will close as they become full.
- You receive the session you request unless you hear different from us.
- Classes run from mid-September through mid-May.
- Calendars for the 2018—2019 school year will be mailed by August 31st.
- **Sacrament Preparation and Instruction Fees ARE NOT PAID now, but at the time of preparation.**

**ST. LAWRENCE CHURCH - FAITH FORMATION OFFICE**

1000 N. Greece Rd., Rochester, N.Y. 14626

(585) 225-7320 FAX (585) 225-6649

**2018 - 2019**



PARISHIONER # \_\_\_\_\_ (Church Envelope #)

Last Name of Family \_\_\_\_\_ Contact Phone # \_\_\_\_\_ E-Mail \_\_\_\_\_

Address \_\_\_\_\_  
 (Street) (City) (Zip Code)

Father's Name \_\_\_\_\_ Cell # \_\_\_\_\_ Religion \_\_\_\_\_  
 (First) (Middle) (Last)

Mother's First & Maiden Name \_\_\_\_\_ Cell # \_\_\_\_\_ Religion \_\_\_\_\_

Father's Place of Employment \_\_\_\_\_ Mother's Place of Employment \_\_\_\_\_

CHILD'S FIRST NAME (List Last Name if Different)	M/F	DATE OF BIRTH	GRADE ENTERING IN SEPT. 2018	<u>GR. 1 - 7</u>	<u>GR. 1 - 6</u>	<u>KINDERGARTEN</u>
				<b>2 WEEK SUMMER MONDAY - FRIDAY (7/23/18 - 8/03/18) 8:00 - 11:00 am</b>	<b>SUNDAY 20 Classes 3:00 - 4:30 pm</b>	<b>Free Home School Resources</b>

**ALL CHILDREN MUST BE IN AT LEAST 2<sup>ND</sup> GRADE TO BEGIN PREPARATION FOR SACRAMENTS AND HAVE HAD TWO (2) CONSECUTIVE YEARS OF FAITH FORMATION. PLEASE NOTE: THERE MAY BE MORE THAN (1) CLASS PER GRADE LEVEL.**

	Name of Volunteer _____ <b>*You must be CASE certified*</b>			
	Circle One: Teacher Grade _____ Summer or Sunday	Aide Grade _____ Summer or Sunday	Principal _____ Summer or Sunday	

Make Checks Payable to: St. Lawrence Church (Office Use Only)

Amt. Pd. \$ \_\_\_\_\_ Amt. Due \$ \_\_\_\_\_ Ck. No. \_\_\_\_\_ Ck. Date \_\_\_\_\_ WeShare \_\_\_\_\_ Cash \_\_\_\_\_ Reg. Date \_\_\_\_\_

Amt. Pd. \$ \_\_\_\_\_ Amt. Due \$ \_\_\_\_\_ Ck. No. \_\_\_\_\_ Ck. Date \_\_\_\_\_ WeShare \_\_\_\_\_ Cash \_\_\_\_\_

Child's First & Middle Name \_\_\_\_\_ Birth City/State \_\_\_\_\_ Church of Baptism \_\_\_\_\_

Sacrament History:        1<sup>st</sup> Penance   Y / N        1<sup>st</sup> Communion   Y / N        Confirmation   Y / N

Religious Education History (If other than St. Lawrence):    Parish \_\_\_\_\_ Grades Completed \_\_\_\_\_

**For sacraments or religious education received outside of this parish, please submit sacrament certificates or letter from participating parish with sacrament dates and/or religious education grades completed.**

Please list any health, physical, or educational needs your child may have:

\_\_\_\_\_

\*\*\*\*\*

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Please list any health, physical, or educational needs your child may have:

\_\_\_\_\_

**HEALTH INSURANCE INFORMATION**

Health Insurance Company \_\_\_\_\_ Policy No. \_\_\_\_\_

Family Physician/Clinic \_\_\_\_\_ Phone \_\_\_\_\_

\* \* \* \* \*

In signing this health form, I hereby certify that the above information is correct and give permission for my child to be transported by ambulance for medical emergency purposes only, and for the release of medical records to an attending physician in case of illness.

In case of medication emergency, I understand that every effort will be made to contact the parents or guardian. In the event that I cannot be reached, I hereby give permission to the physician selected to secure proper treatment for my child named herein.

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

**PHOTO RELEASE**

St. Lawrence Church (please check one below):

\_\_\_\_\_ has permission to photograph my child/children during 2018-2019 Faith Formation classes, in order to share photos with our parish community through the church bulletin, newsletter and display boards, etc.

\_\_\_\_\_ does NOT have permission to photograph my child/children during 2018-2019 Faith Formation classes, activities and events.

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

**Saint Lawrence Church**  
**Family / Church Commitment Form**  
**Faith Formation Program / Sacramental Preparation Program**

Roman Catholic Faith Formation recognizes parents as the primary educators of their children. When parents make the choice of enrolling their children in our parish's Faith Formation program, they enter a partnership in the education and faith formation of their children. This partnership becomes most effective when the formal Faith Formation that takes place at the parish is reinforced and witnessed at home. The Roman Catholic values espoused in our Faith Formation ministry must be actively lived out in the home.

**This form represents the formal expression of the intent of parents and the parish to join in active partnership in the Faith Formation of their children.**

**Parents as primary educators commit to:**

**1. Formal registration in St. Lawrence Church.**  
**(If not registered, please contact our parish office at 723-1350.)**

**2. Weekly Mass Attendance.**

**\*\*\*Participation in the Faith Formation Program does not replace Sunday Mass.\*\*\***

**3. Spiritual, personal and financial support of St. Lawrence Church.**

In turn, St. Lawrence Church commits to the spiritual support of all its families in the Faith Formation of their children through the catechetical classes, 9:30 a.m. Sunday Mass Children's Liturgy of the Word, and St. Lawrence Church Sacramental Preparation programs for First Penance, First Holy Communion and Confirmation. Any student wishing to enroll in any Sacramental Preparation program must demonstrate at least two consecutive years of attendance in a Faith Formation program or Catholic School.

It is understood that the vast majority of St. Lawrence Church parish families are already meeting and/or exceeding the above expectations. The completion of this form serves as an affirmation of that commitment and participation in parish life.

**Parent's Name(s)** \_\_\_\_\_  
(as registered in the parish)

**Telephone** \_\_\_\_\_ **Email** \_\_\_\_\_

**Address** \_\_\_\_\_

*(please complete reverse side)*

**Children registered in Faith Formation / Sacramental Preparation**

<b>Children's Names</b>	<b>Public School</b>	<b>Grade Entering in Sept. 2018</b>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Family Commitment**

I/We understand that our role as primary educator calls us to be active in the life of St. Lawrence Church. This involves formal registration in the parish, weekly attendance at Mass, and financial support to the extent that family circumstances allow:

**Parent or Guardian** \_\_\_\_\_ **Date** \_\_\_\_\_

**Signature** \_\_\_\_\_

**Parish Commitment**

This family is registered as members of St. Lawrence Church and will be supported in their desire for their children to participate in St. Lawrence Church's Faith Formation program.

**Pastor or Delegate** \_\_\_\_\_ **Date** \_\_\_\_\_

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**Please note: Some parents may be requested at random to schedule a short 15-minute meeting with the Pastor or his delegate prior to the signing of this form to simply have a conversation about their children's Faith Formation. As always, parents are free to request a meeting with the Pastor or the Director of the Faith Formation Ministry program.**