

**Calhoun County Catholic
Parishes Religious Education
Enrollment Form**

*Please mail this form and your payment of \$45.00 per child to
St. Mary's Catholic Church PO Box 131
Lake City, Iowa 51449

Paid: \$ _____
On: _____
Check# _____
Cash _____

Family Name: _____ Parish you are registered: _____

Address: _____
(street) (city) (zip)

Parent/Guardian: _____ Parent/Guardian: _____
Home Language: _____ Home Language: _____
Home Phone/Cell Phone: _____ Home Phone/Cell phone: _____
Email Address: _____ Email: _____
Address (If Different): _____ Address (If Different): _____

Is it ok to add your cell # to Flocknote program? (Circle) Is it ok to add your cell # to Flocknote program? (Circle)
(Flocknote is a program we use to notify you regarding last minute changes in schedule, reminders, upcoming events, and cancellations.)
Yes No Yes No

(first/last/school they attend)	Date of Birth	Grade 20-21	Baptism Location (If known)	Programs Registering for: (Circle)	Sacraments Received (Circle those that apply)	Comments
Child #1 School				Wed. RE at St. Mary's Lake City Wed. Family Faith Formation at Manson	Baptism 1 st Reconciliation 1 st Eucharist Confirmation	
Child #2 School				Wed. RE at St. Mary's Lake City Wed. Family Faith Formation at Manson	Baptism 1 st Reconciliation 1 st Eucharist Confirmation	
Child #3 School				Wed. RE at St. Mary's Lake City Wed. Family Faith Formation at Manson	Baptism 1 st Reconciliation 1 st Eucharist Confirmation	
Child #4 School				Wed. RE at St. Mary's Lake City Wed. Family Faith Formation at Manson	Baptism 1 st Reconciliation 1 st Eucharist Confirmation	

Does any child have a learning disability, food allergy, chronic illness, or physical handicap? If yes please name which child and explain: _____

Will any of the children, TK-5th Grade, (that do NOT ALREADY ride the bus home to Lake City) plan to ride the bus to Lake City for CCD on Wed afternoon. Please list names:

If parent addresses are different; should communications be sent to both parents/guardians? Yes No

I understand that CCD will not meet every week this year (Lake City) or that (Manson) will be split into two different weeks. I will send my child the weeks that they are assigned (Lake City)/attend with my child the week we are assigned (Manson) to allow social distancing and know they/we will not attend the weeks the other cohort attends. To allow in person CCD/Family Formation classes to meet, I understand that a mask is needed to enter and exit the Parish Hall/Classrooms and required when 6 feet of distance is not able to be maintained. O I understand O I have further questions

Media Release and Authorization

I understand that by signing this Release and Authorization, I hereby grant authority to the Calhoun County Catholic Parishes for the use of any videotapes, photographs, or similar items in which my child/children might appear, or statements made by them, in the production, display or sale of public service announcements.

Parent/Guardian Signature

Date

Parent Covenant

We/I understand that we/I am the key to faith development for our/my children. We/I will provide a supportive and nurturing family life which allows our/my children to experience the beliefs, values and traditions of our Catholic faith. As a family, we will participate fully in the spiritual and sacramental life of the Church by attending mass regularly. We/I will assist our/my child in preparation and celebration of the sacraments and will be actively involved in the faith formation of our/my children.

Signature(s) _____

START DATES FOR CLASSES:

October 7th and 14th are both start dates, you will be contacted about WHICH COHORT you are in after registrations have been turned in. We plan to keep families in the same cohort. Each cohort will meet every other week instead of every week. This year will be different, and only this year, as classes are being split in half to accommodate social distancing as required by the diocese to hold in-person gatherings. There will not be a meal served for evening classes this year.

Signature(s) _____

In order for us to accommodate all children, we are still looking for additional teachers and substitutes. If you are interested, contact Sandra Hildreth at 319-230-9227, or calhouncatholic@gmail.com

Religious Education Payment Information

The cost is \$45.00 per student.

Please mail a check along with your registration form to the following address:

**St. Mary's Catholic Church
PO Box 131
Lake City, Iowa 51449**