

2022-2023 Transfiguration Faith Formation Registration Grades K4 - 12

*You must be a **registered** member of Transfiguration/St. Theresa's/Holy Cross Mission to participate in our Faith Formation Program. Please call the parish office @ (803)-735-0512 to register your family at the parish.*

Please print legibly:

Children/Family Last Name:		Our Family is registered at: <input type="checkbox"/> Transfiguration <input type="checkbox"/> St. Theresa's <input type="checkbox"/> Holy Cross Mission	
Mailing Address:		City:	State & Zip:
Primary Phone:		E-Mail Address(es):	
Father's Last Name:	Father's First Name:	Father's Cell #: Text: <input type="checkbox"/> Yes <input type="checkbox"/> No	Religion:
Mother's Last Name:	Mother's First Name:	Mother's Cell #: Text: <input type="checkbox"/> Yes <input type="checkbox"/> No	Religion:
REQUIRED - Emergency Contact (other than parents): (Name/Relationship/Phone #)			
Child(ren) live with: <input type="checkbox"/> Both Parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian(s)/Other (specify):			
If mailings and information should be sent to another address in addition to the one listed above, please specify:			
<u>Onsite Tuition for 2022-2023 Calendar Year:</u>			
No one is ever denied faith formation due to financial hardship. Please contact the Parish Office for more information: (803)-735-0512		\$ 50.00 one child \$ 75.00 for 2 children \$ 100.00 for 3 or more	
We are always looking for helping hands! Please check if you are able to assist in one of these ways:			
___ Substitute Teacher/Volunteer if needed		___ Provide individually meal/snacks for Youth Group	
___ Chaperone special events or parties		___ Provide transportation for Youth Group Events	
Return this form to the Parish Office or place in collection basket in a sealed envelope with your payment and write "Office" on the outside. Make checks payable to: Transfiguration Catholic Church			

OFFICE USE ONLY # of children registered: _____ Amount Enclosed: _____			

2022-2023 Faith Formation & Youth Ministry Registration

Please provide information **for each child** to be enrolled in Faith Formation and/or Youth Ministry

1.) Last Name:		First Name:		Middle Name:
Date of Birth:	Age:	Gender: M F	T-Shirt Size:	
School & Grade your child will be entering:				
My child has celebrated these Sacraments. Copy of <u>Certificates required</u> if not on file with our office.				
<input type="checkbox"/> Baptism (date, parish, city, st: _____)				
<input type="checkbox"/> First Communion (date, parish, city, st _____)				
<input type="checkbox"/> Confirmation (date, parish, city, st: _____)				
<u>Please list any health, physical, or educational needs your child may have:</u>				
2.) Last Name:		First Name:		Middle Name:
Date of Birth:	Age:	Gender: M F	T-Shirt Size:	
School & Grade your child will be entering:				
My child has celebrated these Sacraments. Copy of <u>Certificates required</u> if not on file with our office.				
<input type="checkbox"/> Baptism (date, parish, city, st: _____)				
<input type="checkbox"/> First Communion (date, parish, city, st _____)				
<input type="checkbox"/> Confirmation (date, parish, city, st: _____)				
<u>Please list any health, physical, or educational needs your child may have:</u>				
3.) Last Name:		First Name:		Middle Name:
Date of Birth:	Age:	Gender: M F	T-Shirt Size:	
School & Grade your child will be entering:				
My child has celebrated these Sacraments. Copy of <u>Certificates required</u> if not on file with our office.				
<input type="checkbox"/> Baptism (date, parish, city, st: _____)				
<input type="checkbox"/> First Communion (date, parish, city, st _____)				
<input type="checkbox"/> Confirmation (date, parish, city, st: _____)				
<u>Please list any health, physical, or educational needs your child may have:</u>				
PLEASE MAKE SURE WE HAVE COPIES OF YOUR CHILD(REN)'S SACRAMENTAL CERTIFICATES				

- ___ I give permission for my teen(s) to communicate via text message with the Youth Minister.*
- ___ I do NOT give permission for text message communication between my teen & Youth Minister.
- ___ I give permission for my child(ren) to be photographed.** (pictures used in bulletin/parish website/social media)
- ___ I do NOT give permission for any pictures to be posted showing my child's image.

* No communication will happen past 10pm ** Full name will be printed/attached to images

2022-2023 ✨ Faith Formation & Youth Ministry Registration (2)

Please provide information for each child to be enrolled in Faith Formation and/or Youth Ministry

4.) Last Name:		First Name:		Middle Name:
Date of Birth:	Age:	Gender: M F	T-Shirt Size:	
School & Grade your child will be entering:				
My child has celebrated these Sacraments. Copy of Certificates required if not on file with our office.				
<input type="checkbox"/> Baptism (date, parish, city, st: _____)				
<input type="checkbox"/> First Communion (date, parish, city, st: _____)				
<input type="checkbox"/> Confirmation (date, parish, city, st: _____)				
Please list any health, physical, or educational needs your child may have:				
5.) Last Name:		First Name:		Middle Name:
Date of Birth:	Age:	Gender: M F	T-Shirt Size:	
School & Grade your child will be entering:				
My child has celebrated these Sacraments. Copy of Certificates required if not on file with our office.				
<input type="checkbox"/> Baptism (date, parish, city, st: _____)				
<input type="checkbox"/> First Communion (date, parish, city, st: _____)				
<input type="checkbox"/> Confirmation (date, parish, city, st: _____)				
Please list any health, physical, or educational needs your child may have:				
6.) Last Name:		First Name:		Middle Name:
Date of Birth:	Age:	Gender: M F	T-Shirt Size:	
School & Grade your child will be entering:				
My child has celebrated these Sacraments. Copy of Certificates required if not on file with our office.				
<input type="checkbox"/> Baptism (date, parish, city, st: _____)				
<input type="checkbox"/> First Communion (date, parish, city, st: _____)				
<input type="checkbox"/> Confirmation (date, parish, city, st: _____)				
Please list any health, physical, or educational needs your child may have:				
PLEASE MAKE SURE WE HAVE COPIES OF YOUR CHILD(REN)'S SACRAMENTAL CERTIFICATES				

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**2022-2023 ✨ Discipline Policy for Faith Formation
& Youth Ministry**

The purpose of good classroom management is to provide an environment conducive to learning and experiencing our Faith. Catechists have the right to teach, and students have the right to learn. An extremely disruptive student interrupts the learning experience and upsets the class.

Students are expected to abide by these rules:

- 1. Follow the rules the catechists and students have come up with or agreed upon in each classroom.**
- 2. Everyone deserves to be treated with dignity. Show respect with your words and actions to everyone around you.**
- 3. Kindness is expected. Any inappropriate language or actions will result in a student being temporarily removed from the classroom environment.**

Our policy in handling disruptive students is as follows: First the catechist will discuss the situation with the student; on the second occurrence, the student will be removed from the group with a chaperone and a parent will be asked to pick them up. If a situation continues uncorrected, the Youth Minister or DRE will make an appointment with the parents and the student for a meeting to discuss the situation.

We have read and agree to follow the Parish Discipline Policy.

Student(s) Signature(s)	Student #1:	Date:
	Student #2:	Date:
	Student #3:	Date:
	Student #4:	Date:
	Student #5:	Date:
	Student #6:	Date:
Parent(s)/Guardian Signature(s)		Date:
		Date:

2022-2023 ✎ LIABILITY RELEASE FOR ACTIVITIES AND SPORTS/GAMES

LIABILITY RELEASE: In consideration of Transfiguration Catholic Church arranging for activities and games/sports during or after regular meeting times in the 2022-2023 school year, the undersigned parent of above minor(s), hereby releases and agrees to hold harmless the Diocese of Charleston, Transfiguration Catholic Church or any of its staff, volunteers, chaperones or persons connected with the activity from liability, claims or damages for personal injury, property loss or other damage which may result during the event.

The undersigned hereby agrees to abide by the rules established.

Student(s) Signature(s)	Student #1:	Date:
	Student #2:	Date:
	Student #3:	Date:
	Student #4:	Date:
	Student #5:	Date:
	Student #6:	Date:
Parent(s)/Guardian Signature(s)		Date:
		Date: