

**PARISH OF THE HOLY SPIRIT**  
2021 - 2022 Registration Information  
Religious Education

**SESSION TIMES:**

Elementary (Age 4 – Grade 5)

**TUESDAY** afternoon      4:00 – 5:15 p.m.

\*\*\*Classes begin September 21, 2021

(at printing, our diocesan guidelines require facial coverings for students and catechists in classrooms)

Edge (Grades 6 – 8)

**SUNDAY** evening, 6:30-8:00 pm in PCC classrooms 6 & 8. Following the 5:00 pm Mass, dinner will be served in the Parish Community Center to all Edge and Life Teen youth who wish to come.

\*\*\*September 12, 2021 -- Edge **Parent Night** at 6:30 pm in PCC Rm. 6/8

Life Teen (Grades 9 – 12)

**SUNDAY** evening, 6:30-8:00 pm in the PCC hall. Following the 5:00 pm Mass, dinner will be served in the Parish Community Center to all Edge and Life Teen youth who wish to come.

\*\*\*September 12, 2021 – Life Teen **Parent Night** at 6:30 pm in PCC Hall

Confirmation

“**SUPER SUNDAYS**” approximately once a month, **PLUS attendance at all other Life Nights.** (Schedule will be given out at the Confirmation information meeting.)

\*\*\*September 12, 2021 -- **MANDATORY Confirmation Parent Meeting** at 2:00 pm in PCC Rm. 5 (Intended for those wishing to be confirmed Spring 2022)

\*\*\*September 19, 2021 – First Super Sunday

**SACRAMENTAL PREPARATION:** See back side for information regarding First Reconciliation, First Communion, and Confirmation.

\*\*\*NOTE\*\*\* A copy of the **Baptismal Certificate** for each student preparing for a sacrament is **required at the time of registration** if not previously submitted or baptized at Parish of the Holy Spirit. Send or bring the registration form, baptismal certificate (if required), Health Form, Virtual Media Consent and Release Form, and tuition payment by **September 10, 2021** to:

Send to: Parish of the Holy Spirit, 7409 W. Clearwater Ave., Kennewick, WA 99336

Bring to: Parish of the Holy Spirit, 7411 W. Clearwater Ave., Kennewick, WA 99336

**HEALTH FORM AND LIABILITY WAIVER:** **One form per child is required.** If you need additional copies, you may make copies of the enclosed form or request copies from the church office.

**CONSENT AND RELEASE FORM VIRTUAL MEDIA FOR CHILDREN AND YOUTH:** **One form per child is required** for each student who will be participating in a program that may meet virtually. If you need additional copies, you may make copies of the enclosed form or request copies from the church office.

**SUGGESTED TUITION:**

One student	\$30.00	(Scholarships or payment options
Two students	\$50.00	are available if needed. Contact
Three or more students	\$70.00	Pat Moore or the office.)

Because there are extra texts, resources and/or activities for sacramental preparation (i.e. 2<sup>nd</sup> year Sacrament Prep and grade 11), an additional \$10.00 fee per child is requested to help cover these costs.

(Over)

## SACRAMENTAL PREPARATION

### PARENT MEETINGS:

Each sacrament will have one or more meetings for the **parents** as part of the students' preparation requirements.

### FIRST RECONCILIATION and FIRST COMMUNION

Preparation for these sacraments is a two-year program. Generally, students in second grade will be preparing for the sacraments of First Reconciliation and First Communion provided they attended Religious Education classes or Catholic school the previous year. If not, students will be placed in the first year preparation class. **Parents who home school their children are to contact the Director of Religious Education for inclusion in sacramental preparation of their children.**

### CONFIRMATION

Generally, high school juniors who have not been confirmed will be preparing for Confirmation provided they attended Life Teen or Catholic school the previous year. The **MANDATORY** Parent meeting is September 12, 2021 at 2:00 pm in PCC Rm. 5 to discuss requirements and the schedule for Confirmation.

<b>MANDATORY FOR ALL SACRAMENTAL PREPARATION STUDENTS:</b>
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<b>Unless your student was baptized at Parish of the Holy Spirit (and please let us know if he/she was), PLEASE send a copy of the Baptismal Certificate of each student preparing for a sacrament with the registration form.</b>
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### **Contact information:**

<b>Elementary:</b>	Pat Moore	735-8558	pat@holyspiritkennewick.org
<b>Edge:</b>	Kim Barany	308-3328	kbmoon97@gmail.com
<b>Life Teen:</b>	Russ Haffner Joe Schroeder	430-8680 783-2229	russhaffner@gmail.com gorishschroeder@charter.net
<b>Confirmation:</b>	Deacon Mike and Carol Gaulke	551-7626	micajere@msn.com

**(Over)**

# Holy Spirit Parish

## Religious Ed. Registration

7409 W Clearwater Ave, Kennewick, WA 99336

Term: **2021-2022**

### FAMILY INFORMATION

**Family Last Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
Father's Name: \_\_\_\_\_ Father's Cell / Work: \_\_\_\_\_  
Mother's Name: \_\_\_\_\_ Mother's Cell / Work: \_\_\_\_\_  
Mother's Maiden: \_\_\_\_\_ Email Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ **Emergency Contact:** \_\_\_\_\_  
Home Address: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_  
City, ST Postal: \_\_\_\_\_ Both Parents Catholic? Yes / No  
Home Parish: \_\_\_\_\_

### STUDENT #1 INFORMATION

**Child Name:** \_\_\_\_\_ **Catholic?** Yes / No  
Gender:  Male  Female **Sacrament Details** Check & Date All Below  
Birth Date: \_\_\_\_\_  Baptism: \_\_\_\_\_  
Grade: \_\_\_\_\_  Eucharist: \_\_\_\_\_  
Session: \_\_\_\_\_  Reconciliation Prep: \_\_\_\_\_  
Class: \_\_\_\_\_  Confirmation: \_\_\_\_\_

**Special Needs** (Medical, Learning Disabilities, Physical Disabilities, etc):  
\_\_\_\_\_

### STUDENT #2 INFORMATION

**Child Name:** \_\_\_\_\_ **Catholic?** Yes / No  
Gender:  Male  Female **Sacrament Details** Check & Date All Below  
Birth Date: \_\_\_\_\_  Baptism: \_\_\_\_\_  
Grade: \_\_\_\_\_  Eucharist: \_\_\_\_\_  
Session: \_\_\_\_\_  Reconciliation Prep: \_\_\_\_\_  
Class: \_\_\_\_\_  Confirmation: \_\_\_\_\_

**Special Needs** (Medical, Learning Disabilities, Physical Disabilities, etc):  
\_\_\_\_\_

**NOTE:** If any of your children were baptized outside of this parish, and you have not already supplied us with a copy of each child's baptismal record, you will need to supply a copy for our files.

**Tuition DUE:** \$ \_\_\_\_\_ **Tuition PAID:** \$ \_\_\_\_\_ **Signature:** \_\_\_\_\_

# Holy Spirit Parish

## Religious Ed. Registration

7409 W Clearwater Ave, Kennewick, WA 99336

Term: **2021-2022**

### Additional Students

#### STUDENT #3 INFORMATION

Child Name: \_\_\_\_\_

Catholic? Yes / No

Gender:  Male  Female

**Sacrament Details** Check & Date All Below

Birth Date: \_\_\_\_\_

Baptism: \_\_\_\_\_

Grade: \_\_\_\_\_

Eucharist: \_\_\_\_\_

Session: \_\_\_\_\_

Reconciliation Prep: \_\_\_\_\_

Class: \_\_\_\_\_

Confirmation: \_\_\_\_\_

Special Needs (Medical, Learning Disabilities, Physical Disabilities, etc):  
\_\_\_\_\_

#### STUDENT #4 INFORMATION

Child Name: \_\_\_\_\_

Catholic? Yes / No

Gender:  Male  Female

**Sacrament Details** Check & Date All Below

Birth Date: \_\_\_\_\_

Baptism: \_\_\_\_\_

Grade: \_\_\_\_\_

Eucharist: \_\_\_\_\_

Session: \_\_\_\_\_

Reconciliation Prep: \_\_\_\_\_

Class: \_\_\_\_\_

Confirmation: \_\_\_\_\_

Special Needs (Medical, Learning Disabilities, Physical Disabilities, etc):  
\_\_\_\_\_

#### STUDENT #5 INFORMATION

Child Name: \_\_\_\_\_

Catholic? Yes / No

Gender:  Male  Female

**Sacrament Details** Check & Date All Below

Birth Date: \_\_\_\_\_

Baptism: \_\_\_\_\_

Grade: \_\_\_\_\_

Eucharist: \_\_\_\_\_

Session: \_\_\_\_\_

Reconciliation Prep: \_\_\_\_\_

Class: \_\_\_\_\_

Confirmation: \_\_\_\_\_

Special Needs (Medical, Learning Disabilities, Physical Disabilities, etc):  
\_\_\_\_\_

NOTE: If any of your children were baptized outside of this parish, and you have not already supplied us with a copy of each child's baptismal record, you will need to supply a copy for our files.

Tuition DUE: \$ \_\_\_\_\_ Tuition PAID: \$ \_\_\_\_\_ Signature: \_\_\_\_\_

**PARENTAL/GUARDIAN MANDATORY HEALTH FORM AND LIABILITY WAIVER**  
**Diocese of Yakima and the Parish of the Holy Spirit**

Please print

Name of Student \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_ Sex \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip Phone \_\_\_\_\_

**EMERGENCY CONTACT PERSON:**

Parent/Guardian Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Work phone \_\_\_\_\_ Cell phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Address (if different from student) \_\_\_\_\_

**ALTERNATE CONTACT PERSON: (use someone near the primary contact)**

Name \_\_\_\_\_ Relationship to student \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell \_\_\_\_\_

\*\*\*\*\*

I, \_\_\_\_\_, permit \_\_\_\_\_ to take part in classes, youth activities, field

Print parent/guardian name

Print student name

trips, and other activities sponsored by the Parish of the Holy Spirit, Kennewick, WA, whether said function is held in the city of Kennewick or out of town. As parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above named minor student. I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend the Parish of the Holy Spirit, its teachers, its officers, directors & agents, and the Diocese of Yakima, chaperones or representatives associated with any of the above mentioned activities, arising from or in connection with my child attending the activity or in connection with any illness or injury or cost of medical treatment in connection therewith, and I agree to compensate the parish, its officers, directors and agents, and the Diocese of Yakima, chaperones, or representatives associated with the activity for reasonable attorney's fees and expenses arising in connection therewith. I give permission to use photos or videos of my child taken during program activities for future program promotion purposes.

**Signature of parent/guardian** \_\_\_\_\_ **Date** \_\_\_\_\_

**Emergency Medical Treatment:** In the event of an emergency, I hereby give permission to transport my child to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor. In the event of an emergency, if you are unable to reach me at the above numbers, contact the "Alternate Contact Person" I have listed above.

**Signature of parent/guardian** \_\_\_\_\_ **Date** \_\_\_\_\_

\*\*\*\*\*

**Insurance information:** Family Physician name and phone \_\_\_\_\_

Family Health Plan Carrier \_\_\_\_\_ Policy Number \_\_\_\_\_

**Specific Medical Information:** The parish will take reasonable care to see that the following information will be held in confidence.

Medications presently taking: \_\_\_\_\_

Date of last tetanus/diphtheria immunization: \_\_\_\_\_

Allergic reactions (medications, foods, plants, insects, etc.): \_\_\_\_\_

Any physical limitations \_\_\_\_\_

Other information regarding you child's physical, medical, or emotional well-being which will help us to best meet his/her needs: \_\_\_\_\_

## **CONSENT AND RELEASE FORM VIRTUAL MEDIA FOR CHILDREN AND YOUTH**

Given the COVID-19 pandemic, the Diocese of Yakima continues to serve the children and youth of Parish of the Holy Spirit. Parish program(s) are providing virtual programming and content for its participants, through which staff will facilitate program activities through online platforms. The program(s) will use software, tools and applications provided by third-parties that participants, parents/legal guardians, volunteers and/or staff will access via the internet and use for purposes of communication and programming and potential content creation. These platforms may include but are not limited to: Facebook, Instagram, Twitter, YouTube, TikTok, GoToMeeting, and Zoom. This form provides your consent and release for your child to participate in the program(s) and utilize these online applications for distance-based, virtual program purposes. Please be aware that each application collects different information about its users and has its own privacy terms and conditions to which members must adhere and which Parish of the Holy Spirit or Diocese of Yakima cannot control or assume responsibility. Please review these carefully before registering your child. Our commitment to keeping the children and youth we serve safe is always our number one priority. To that end, we will actively monitor participant activity. All online activities contemplated hereunder must also comply with the Diocese of Yakima Safe Environment Policy.

I, \_\_\_\_\_, am the parent or legal guardian of \_\_\_\_\_ . I understand that I will have access to everything provided to my child and be made aware of how social media is being used, be told how to access the sites, and be given the opportunity to be copied on all material sent to my child via social networking. I authorize and consent to staff or other leaders of Parish of the Holy Spirit to communicate with my child electronically, including via social media, email, and video conferencing tools (e.g. Zoom) in accordance with the Program(s). I understand that if any staff or other leaders knowingly communicate privately with my child as a part of his or her duties for or on behalf of Parish of the Holy Spirit, reasonable steps will be taken to send to me the same communication content, though not necessarily via the same technology. I acknowledge that to review or receive public communications shared via social media with my child, I will need to become a fan or follower of the same social media. I understand that communications or posts may be accessible or viewable by others who are also fans or followers of the same social media.

I understand that without this consent my child will not be able to participate in the program(s). If I choose to rescind my authorization and consent provided herein, I agree that I will inform Parish of the Holy Spirit in writing and that my rescission will not take effect until it is acknowledged by Parish of the Holy Spirit. I understand, however, that it may not be possible to recall any work, photos or videos that have been published as part of the program(s) prior to receipt of my written rescission. I have read this Consent and Release Form and have had the opportunity to consider its terms and understand them. I verify that I have read and voluntarily agree to the terms and conditions of the Consent and Release Form – Virtual Media for Children & Youth. I further hereby hold harmless, release and forever discharge Parish of the Holy Spirit

and the Diocese of Yakima and its employees, agents, licensees and legal representatives from, and shall indemnify them against, all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators or any other person(s) acting on my behalf or on behalf of my estate have or may have by reason of my child's participation in the program(s) and through my authorization, consent and release herein.

By providing my signature below, I acknowledge I have read this Consent and Release Form, I fully understand it, and I voluntarily agree to be bound by its terms. I represent and certify that I am the parent or legal guardian of the minor.

Parent/Legal Guardian Name: (print) \_\_\_\_\_

Parent/Legal Guardian signature: \_\_\_\_\_

Parish Name: \_\_\_\_\_

Date: \_\_\_\_\_

(Revised 8/2021)