

**PARISH OF THE HOLY SPIRIT**  
2019 - 2020 Registration Information  
Religious Education

**SESSION TIMES:**

**Elementary** (Age 4 – Grade 5)                      **TUESDAY** afternoon      4:00 – 5:15 p.m.

\*\*\* September 17, 2019 -- *Classes begin*

**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 15, 2019 -- *Edge Parent Night at 6:30 pm in PCC Rm. 7 and social night for youth while parents meet*

**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 8, 2019 -- *Life Teen Parent Night at 6:30 pm in PCC and social night for youth while parents meet*

**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 8, 2019 -- *Confirmation Parent and Candidate Meeting at 3:00 pm in PCC Rm. 5 (Intended for those wishing to be confirmed Spring 2020)*

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

**Send or bring the registration form, baptismal certificates (if required), Health Form(s), tuition payment, and volunteer form before the first class to:**

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

**HEALTH FORM AND LIABILITY WAIVER:**      **One form per child is required.** If you need additional copies, you may pick them up at the church office, from the bulletin table in the vestibule, or make copies of the enclosed form.

**SUGGESTED TUITION:**

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

**Sacramental preparation**                              **ADD \$10.00 per child the year receiving the Sacrament, i.e. 2<sup>nd</sup> year Sacrament Prep or grade 11**

*(Over)*

## SACRAMENTAL PREPARATION

**\*\*\*NOTE\*\*\* Students preparing for the Sacraments of Reconciliation, Communion, or Confirmation MUST HAVE attended religious education classes or Catholic school the year prior to receiving the Sacrament. Parents who home school their children are to contact the pastor for inclusion in sacramental preparation of their children.**

### 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 pastor 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 required Parent and Candidate meeting will be on **Sunday, September 8, 2019, at 3:00 pm** in PCC Room 5. Requirements and the schedule for Confirmation will be discussed at this meeting.

### **MANDATORY FOR ALL SACRAMENTAL PREPARATION STUDENTS:**

**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.**

**Because there are extra texts, resources and/or activities for sacramental preparation, there will be an additional \$10.00 fee per child to help cover the costs.**

### **Contact information:**

<b>Elementary:</b>	Pat Moore	735-8448	pat@holyspiritkennewick.org
<b>Edge:</b>	Pat Moore	735-8448	pat@holyspiritkennewick.org
<b>Life Teen:</b>	Russ Haffner Joe Schroeder	430-8680 783-2229	russhaffner@gmail.com goirishschroeder@charter.net
<b>Confirmation:</b>	Mike and Carol Gaulke	628-1627	micajere@msn.com

*(Over)*

# Holy Spirit Parish

## Religious Ed. Registration

7409 W Clearwater Ave, Kennewick, WA 99336

Term: 2019 - 2020

### 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

### 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:** \_\_\_\_\_

**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, field trips,

Print parent/guardian name

Print student name

youth activities, 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: \_\_\_\_\_

*"I planted, Apollos watered, but God caused the growth. Therefore, neither the one who plants nor the one who waters is anything, but only God, who causes the growth. The one who plants and the one who waters are equal, and each will receive wages in proportion to his labor. For we are God's co-worker; you are God's field, God's building." (1 Cor 3:5-9)*

**How can you be God's co-worker? Are you able to share the gifts with which God has blessed you with our young people? Below are some areas in which your help would be greatly appreciated. Please check those in which you would be interested in helping or knowing more about:**

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Catechist (elementary)              | <input type="checkbox"/> Edge Core Team                        | <input type="checkbox"/> Life Teen Core Team     |
| <input type="checkbox"/> Aide/Helper (elementary)            | <input type="checkbox"/> Confirmation Team                     | <input type="checkbox"/> Life Teen Jr. Core Team |
| <input type="checkbox"/> Substitute Catechist (elementary)   | <input type="checkbox"/> Sacrament Prep Mentor                 | <input type="checkbox"/> Help with fundraisers   |
| <input type="checkbox"/> Christmas Pageant                   | <input type="checkbox"/> Sacrament Receptions                  | <input type="checkbox"/> Sunday Meals            |
| <input type="checkbox"/> Vacation Bible School               | <input type="checkbox"/> Childcare for special events/meetings |  |
| <input type="checkbox"/> Youth Activities<br>(Grades 6 – 12) | <input type="checkbox"/> Help with scrip program               | <input type="checkbox"/> Sell scrip after Masses |

NAME \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

E-MAIL \_\_\_\_\_

**If you have questions or want more information, please contact:**

<b>Elementary:</b>	Pat Moore	735-8448	pat@holyspiritkennewick.org
<b>Edge:</b>	Pat Moore	735-8448	pat@holyspiritkennewick.org
<b>Life Teen:</b>	Russ Haffner	430-8680	russhaffner@gmail.com
	Joe Schroeder	783-2229	goirishschroeder@charter.net
<b>Confirmation:</b>	Mike and Carol Gaulke	628-1627	micajere@msn.com