



## Children's Faith Formation

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Nov 17, 2021

Dear Families,

This year, you and your child are invited to the preparation for the Sacrament of First Reconciliation (God's forgiving love) and the Sacrament of First Eucharist (God's unconditional love).

Our classes will begin after the first of the year and I have attached a schedule for you. Children will work in small groups and a parent will take the lead on helping the small group during the lesson. How often parents will be needed in class depends on how many children participate. Our classes will be from 9:40-10:35am in the BASC room (in the school) on Sunday mornings. For each class, you will check in at one of the Masses either 8:30am, 10:45am Sunday Mass or Sat at 5pm to complete that weekend day's class.

As a parent, your role is to continue teaching at home. The Sacrament of Reconciliation is all about forgiveness and love. As a family, I am sure this is already a practice in your family life. Now is the time to reinforce God's message of forgiveness with your child. In the Sacrament of Eucharist, God invites us to come to the table to be fed the bread of eternal life. Jesus sacrificed his body and blood to save us. When we go to Mass every weekend we listen to the word of God and share in the Eucharist as a community. This reminds us that God is always with us and loves us unconditionally. At home your child will practice the memorization of prayers that are needed for the sacrament or for their own personal prayers. Your child will learn them quickly when they are used daily. Try to add them to your morning, evening or meal prayer. Participation in the weekend Mass is also a must.

I look forward to meeting your family and if you have any questions, please contact me either by email, phone or just drop by the Parish Office Monday-Thursday from 9-4:30pm.

With Blessings,

Kim Zea

[kim@Saintclarechurch.org](mailto:kim@Saintclarechurch.org) or 503-244-1037 ext 104



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# Faith Formation Registration 2021-22 for Students in Grades K-5

Please register my child for the circled activity below: (One form per child)

Faith Formation, Grades K-5     Reconciliation     First Eucharist     Children Liturgy of the Word

Student's Full Name \_\_\_\_\_ (Please print legibly.)

Date of Birth \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_

Sacraments received:     Baptism     Reconciliation     First Eucharist

Father's Name \_\_\_\_\_ Mother's Name \_\_\_\_\_

Home Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Parent Phone Number \_\_\_\_\_ Parent Email Address \_\_\_\_\_

I have provided a copy of child's Baptism certificate (If you were baptized at St. Clare this is not needed)

### Permission for Photograph Video Display of a Minor (under the age of 18):

I hereby give St. Clare Parish permission to use a photograph or video clip (Including audio) of the minor listed above in its website, as well as in printed information used during the year. I understand that there will be no identifying information (name, age, etc.) about the minor accompanying the photograph or video clip on the website or other printed material. I also waive any right to compensation for the use of photographs or video clips (including audio).

**This permission for photographic display of a minor will be in effect annually from September 1, 2021 until August 31, 2022, unless this permission is revoked by written notice to St. Clare Parish.**

Parent/Guardian: \_\_\_\_\_

(signature)

(print)

(date)

For more information or questions, please contact Kim Zea at 503.244.1037, x104 or [kim@saintclarechurch.org](mailto:kim@saintclarechurch.org). Fees: \$25 Reconciliation, \$25 for First Communion \$25 for Family Formation

For Office Only: Payment rcvd by \_\_\_\_\_ Date \_\_\_\_\_ Amt\$ \_\_\_\_\_ check# \_\_\_\_\_  
Baptism Certificate Received \_\_\_\_\_ Date recorded in register \_\_\_\_\_ by \_\_\_\_\_



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## Emergency Information for Youth

Student's Name: \_\_\_\_\_

Student lives with: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Medical Insurance Name: \_\_\_\_\_

Policy #: \_\_\_\_\_ Group or identification Number: \_\_\_\_\_

Allergies (food, drugs, insects, etc.): \_\_\_\_\_

Is the student currently on any medication?  Yes  No

If yes, please state:

Name(s): \_\_\_\_\_ Dosage: \_\_\_\_\_

Reason for medication: \_\_\_\_\_

**Please Note:** Any injuries, recent surgery, prolonged illness, current medication, corrective lenses, special health problem or other issues requiring special attention that would help emergency personnel to provide appropriate care for your child.

### Persons to Notify in Case of an Emergency:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### Please read the following statement and sign below:

I authorize the Archdiocese of Portland and its representatives to use their judgment in determining emergency care and procedures for my child. I also understand and agree that the Archdiocese assumes no financial obligation for expenses incurred in carrying out emergency procedures and/or emergency transportation.

\_\_\_\_\_  
Signature (parent/guardian)

\_\_\_\_\_  
Date