



# ST. PETER CATHOLIC CHURCH

## SACRAMENTAL PREPARATION PROCESS FOR CHILDREN (AGES 7-17)

*Sacraments will be received when signs of interior conversion, understanding of the fundamental teachings of the Catholic Faith and desire to bear witness to the faith are shown. The St. Peter's program runs from September to May, but each individual's journey is unique.*

**The only classes that are open are for children who are not baptized or children baptized in another Christian Faith.**

**Classes for children who are baptized Catholic are full.**

**Only applications with payment and items listed below will be accepted.**

- My child is baptized Christian. Child's **baptism certificate and birth certificate** are attached, **or**
- My child is not baptized. Copy of my child's **birth certificate** is attached,

Child's Name (First and Last) \_\_\_\_\_ Age \_\_\_\_ Grade \_\_\_\_ Gender \_\_\_\_

Parish where you are registered? Where do you attend Mass? \_\_\_\_\_

Do you attend Sunday Mass regularly? Yes  No  How often? \_\_\_\_\_

**Information helpful for us to know about your child:** (*allergies, learning style, IEP plan, ADD / ADHD, etc.*)

### PARENT/GUARDIAN INFORMATION

**Mother Name** \_\_\_\_\_ Fluent in English Yes  No

Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Preferred Contact Method email  text  Practicing Catholic Yes  No

**Father Name** \_\_\_\_\_ Fluent in English Yes  No

Cell Phone: \_\_\_\_\_ Email \_\_\_\_\_

Preferred Contact Method email  text  Practicing Catholic Yes  No

**Other Name** \_\_\_\_\_ Fluent in English Yes  No

Relationship to child \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email \_\_\_\_\_

Preferred Contact Method email  text  Practicing Catholic Yes  No

Child's City of Residence: \_\_\_\_\_

**Child lives with:** Parents  Mother only  Father only  Other

**Primary Contact** Mother  Father  Other \_\_\_\_\_

### FOR OFFICE USE

DATE _____	INTERVIEW _____	PRECAT _____	RE 1 _____
DUE \$ _____ PAID \$ _____	FLOCKNOTE _____	OCIC 1 _____	FFF 1/1 _____
ONLINE / CASH / CHECK	SPREADSHEET _____		FFF 1/2 _____

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## **PROGRAM REQUIREMENTS**

By **initialing below**, I understand and will abide by the requirements of the St. Peter's Catholic Church Sacramental Preparation Program requirements which are:

- \_\_\_\_ Parents & students must attend Mass every Sunday (or Saturday Evening) & Holy Days of Obligation. "You shall attend Mass on Sundays and holy days of obligation and rest from servile labor." Sunday is a holy day of obligation, a day for you to grow in your faith, and you are required to attend to the extent that you are able to do so. For Catholics, the Holy Mass is the highest form of worship. Whenever we gather together for mass, we remember and experience the presence of Jesus Christ. At every mass, God makes Himself present and available to us with lavish generosity through the saving power of Christ's death and resurrection.
- \_\_\_\_ Regular attendance and homework completion is required as these will delay the reception of sacraments.
- \_\_\_\_ One parent is required to attend classes with their child (ren) every week. St. Peter supports the whole family in growing in the Catholic faith and parent involvement is fundamental in children growing in and remaining faithful to the faith. Children attend group meetings once a week for 1.5 hours. Parents/sponsors/etc. are needed to ensure that children study and practice their faith during the week.

## **RELEASE OF LIABILITY**

I \_\_\_\_\_ hereby release, forever discharge and agree to hold St. Peter Catholic church harmless from and against any and all liability, claims, demands, lawsuits, and expenses arising from personal injury, sickness, death, or property damage of any nature whatsoever which may be incurred or suffered by the undersigned and or the participant (if participant is under 18 or, 18 and older) while attending religious education.

Furthermore, the undersigned hereby assume all risk of personal injury, sickness, death, damage, and expense arising from the undersigned's or participant's participation in all activities, including recreation and work activities involved in religious education. The undersigned further agree to indemnify and hold St. Peter Catholic Church and its respective members, director's, employees, and agents (collectively the 'indemnities') harmless from and against any and all claims, demands, actions, lawsuits, and liabilities including attorney's fee and expenses sustained by the indemnitees as the result of the negligent, willful, or intentional acts of the undersigned and/or participant. Additionally, I/We do hereby consent to any medical care and the administrations of anesthesia determined by a physician to be necessary for the welfare of my child while said child in under the care of St. Peter Catholic Church and I/We am not reasonably available by telephone to give consent.

Parent /Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

## **PERMISSION & MEDICAL RELEASE**

I agree on behalf of myself, my child(ren) named as minor participant herein, or our heirs, successors, and assigns, to hold harmless and defend St. Peter Catholic Parish, its officers, directors, employees and agents, and the Archdiocese of Denver, its employees and agents, chaperones, or representatives associated with the activities, from any claim arising from or in connection with my child participating in the activities, or in connection with any illness or injury (including death) or cost of medical treatment in connection therewith, and I agree to compensate St. Peter Catholic Parish, its officers, directors and agents, and the Archdiocese of Denver, its employees and agents and chaperones, or representative associated with the activities for reasonable attorney's fees and expenses which they may incur in any action brought against them as a result of such injury or damage, unless such claim arises from the negligence of St. Peter Catholic Parish or the Archdiocese of Denver.

Parent /Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_