



Saint Damien of Molokai Parish – Faith Formation Office

77 Bloomfield Avenue, Windsor, Connecticut 06095

Office: (860) 683-0366 Mobile: 860-918-5900 Fax: (860) 688-2638

Email: Reled@WindsorCatholic.org

Parish Website: www.WindsorCatholic.org

Registration for 2025/2026 Faith Formation

Family- Last Name(s): _____

Number of children being registered in the K-10th grade program: _____

Parent's Names: _____
Father – First & Last Name Mother – First & Last Name

Student's Home Address: _____
Street City/Town Zip

Home Phone: _____
Father Mother

Cell Phone: _____
Father Mother

Parent E-mail address(es): _____
Information for the Religious Education Program will be distributed via email

Emergency Contact: _____
Name Relationship to child/children
_____ Phone

In case of emergency during Religious Ed class,
Parent's Cell number will be called first, then the
Emergency Contact number will be called.

Student Information

1. **Child's Name:** _____
First Last

Circle One

Gender: Male Female Did this student attend Faith Formation classes in 2024/2025? Yes No

Date of Birth: _____ Age in September, 2025: _____ Grade in school in September, 2025: _____
Month Day Year

Please list any learning differences or special needs: _____

Please list any allergies: _____

Child has received the following Sacraments:

Baptism: ☐ No ☐ Yes If yes, Name of Church, Town & State: _____

Reconciliation: ☐ No ☐ Yes If yes, Name of Church, Town & State: _____

First Holy Eucharist: ☐ No ☐ Yes If yes, Name of Church, Town & State: _____

Please complete Page 2 (if applicable) and Page 3 of the Registration Form

2. **Child's Name:** _____
First Last

Circle One

Gender: Male Female

Did this student attend Faith Formation classes in 2024/2025?

Yes No

Date of Birth: _____
Month Day Year

Age in September, 2025: _____

Grade in school in September, 2025: _____

Please list any learning differences or special needs: _____

Please list any allergies:

Child has received the following Sacraments:

Baptism: ☐ No ☐ Yes If yes, Name of Church, Town & State: _____

Reconciliation: ☐ No ☐ Yes If yes, Name of Church, Town & State: _____

First Holy Eucharist: ☐ No ☐ Yes If yes, Name of Church, Town & State: _____

3. **Child's Name:** _____
First Last

Circle One

Gender: Male Female

Did this student attend Faith Formation classes in 2024/2025?

Yes No

Date of Birth: _____
Month Day Year

Age in September, 2025: _____

Grade in school in September, 2025: _____

Please list any learning differences or special needs: _____

Please list any allergies:

Child has received the following Sacraments:

Baptism: ☐ No ☐ Yes If yes, Name of Church, Town & State: _____

Reconciliation: ☐ No ☐ Yes If yes, Name of Church, Town & State: _____

First Holy Eucharist: ☐ No ☐ Yes If yes, Name of Church, Town & State: _____

4. **Child's Name:** _____
First Last

Circle One

Gender: Male Female

Did this student attend Faith Formation classes in 2024/2025?

Yes No

Date of Birth: _____
Month Day Year

Age in September, 2025: _____

Grade in school in September, 2025: _____

Please list any learning differences or special needs: _____

Please list any allergies:

Child has received the following Sacraments:

Baptism: ☐ No ☐ Yes If yes, Name of Church, Town & State: _____

Reconciliation: ☐ No ☐ Yes If yes, Name of Church, Town & State: _____

First Holy Eucharist: ☐ No ☐ Yes If yes, Name of Church, Town & State: _____

Please complete Page 3 of the Registration Form

- If your child was **not** baptized at St. Gabriel, St. Gertrude or St. Joseph Church, a copy of your child's/children's Baptismal Certificate(s) **must** accompany this Registration.
- If your child did not receive First Holy Communion at St. Gabriel, St. Gertrude or St. Joseph church, a copy of your child's/children's First Communion Certificate(s) **must** accompany this Registration.

Registration Fees for Students in Kindergarten through 10th grade:

Early Bird Registration Fees – if Registration is received by **May 30, 2025**

Please check one:

_____ \$45.00 for **one** child

_____ \$80.00 per family – registering **two or more** children

Regular Registration Fees – if Registration is received **after June 1, 2025**

Please check one:

_____ \$70.00 for **one** child

_____ \$105. per family – registering **two or more** children

☐ **Payment enclosed/attached in the amount of: \$_____**

~ Please make checks payable to Saint Damien of Molokai Parish ~

For Office Use:

Date Registration Received: _____ Check #: _____ Amount: _____

☐ Student(s) Registration entered

☐ Payment entered in Parish Database

Parent Volunteer Service

Please consider volunteering your time in one or more of the areas listed below.
Your help is needed and very much appreciated!
Volunteers will be contacted prior to the beginning of the Faith Formation year.

Name: _____ Phone: _____ Email: _____

Important Safe Environment requirements:

For the safety of children and youth, **all** adult Volunteers will be asked to submit a Background Check form*, and complete the Virtus *Protecting God's Children* online training prior to volunteering. If you need to complete any Safe Environment requirements, you will be contacted by Victoria Ascherman, the Faith Formation Director and provided with information.

*A Standard Background Check is needed only once every 10 years; within that time a background check will be repeated if/when a volunteer leaves volunteer position for more than one year.

Please indicate area(s) in which you would be interested helping:

_____ **Catechist (Teacher):** I would like to teach a Faith Formation class. **For grade** _____

Catechists are provided with Teacher/Leader Guide, and multimedia/supplemental materials, as well as support from the Faith Formation Director & other Catechists. Please contact Vicky Ascherman for more information.

_____ **Co-teacher:** I am willing to share teaching responsibility with another person. **For grade** _____

_____ **Substitute Catechist (Teacher):** I can teach a class if the primary teacher is unavailable.

Substitute Catechists are provided with a Teacher/Leader Lesson plan, and multimedia/supplemental materials, as well as support from the Faith Formation Director. Please contact Vicky Ascherman for more information.

_____ **Hall Monitor:** I am available to stay at the school during Faith Formation classes to monitor areas/hallways adjacent to classrooms.

At least two volunteers are needed, and if there are multiple volunteers, this task can be done on a rotating basis.

_____ **Special needs Aide:** This person works directly with children requiring special help. Generally, parents whose child requires one-on-one attention will be asked to attend class with their child, but skilled volunteers are welcomed.

_____ **Hospitality:** Help with the First Reconciliation Receptions and/or First Communion Retreat

This is for Parents/Guardians who do not have children in the sacramental preparation class.

_____ **Special Interest or Talent:** _____ Baking _____ Musical instrument _____ Drama

_____ Crafting/sewing _____ Lead or Help with Service Projects

Other _____



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Website and Other Publications

Photo Permission Guidelines

Dear Parents and Guardians,

St. Damien of Molokai Parish hosts a website at: WindsorCatholic.org. Occasionally, we wish to post pictures of a particular activity such as a Community Service project or a Faith Formation activity or event. This may involve posting a picture showing a student, a group of students, or a sample of a student's work. We may also use these photos in the Parish Bulletin, and various other means of publication.


If students' pictures or works are used:

- Only first names shall be used if referencing student pictures or classroom work
- Personal information will not be published
- Information will not be included that indicates the physical location of any student at a given time other than participation in an activity

Before posting pictures of students or samples of student work, we require that a parent/guardian sign the Permission Form below. We will keep this signed form on file for this Religious Education year.

Photo Permission Form

I grant St. Damien of Molokai Parish Faith Formation program permission to use photo images of my son/daughter or a sample of their work such as a poster, reflection, craft/artwork, etc. on the Parish website, church bulletin or in other print or electronic media for St. Damien Parish.

 **Please check the box(es) below** to indicate which permission(s) you grant and then sign and date as indicated:

- ☐ St. Damien of Molokai Parish Faith Formation program has permission to post samples of my son/daughter's class work in its parish media
- ☐ St. Damien of Molokai Parish Faith Formation program has permission to post a picture of my son/daughter in its media
- ☐ I **do not grant** St. Damien of Molokai Parish Faith Formation program permission to use photo images of my son/daughter or a sample of his/her work such as a poster, reflection, craft/artwork, etc. on the St. Damien of Molokai website, or in other print or electronic media

Print Name(s) of Student(s): _____

Print Name of Parent/Guardian: _____

Signature of Parent/Guardian: _____ Date: _____

NOTE: This agreement will be in effect as of the date signed and may be revoked at any time by contacting Victoria Ascherman, DRE, Director of Faith Formation.