

The Church of St. George Faith Formation Registration Form 2024-2025

REGISTRATION DUE SEPTEMBER 17th

133 N Brown Rd, Long Lake, MN 55356 ◆ www.stgeorgelonglake.org

952.473.1247 • Email: ff@stgeorgelonglake.org

Family Last Name			Home Phone Number: ()		
Street Address			City, Zip Code		
Head of Household Name Cell Ph		Cell Phor	ne #:		Work #
		Email: _			
		Email:			
	Registered at	St. George	(Please circle): Ye	es No	
My Child(ren) live with (Please circle): Other Living Arrangement:		Mother	Father	Joint Custody	Guardian
Catechesis of the Good Shepherd Faith Formation, Gr 6-7 Wednesdays, 6:30pm-8:00pm	Grades 8		n-8:00pm	Pre-K/K/1	of the Good Shepherd rs, 6:30pm-7:30pm
	Child #	1	Chil	d #2	Child #3
Legal First Name					
Middle Name					
Legal Last Name, if different		-			
Grade Level in Fall, 2023					
Gender	Male or F	emale	Male or	Female	Male or Female
Date of Birth: MM/DD/YY		-			
Baptismal Date: MM/DD/YY					
Baptismal Church					
City, State					
Received First Reconciliation?	Yes or	No	Yes	or No	Yes or No
Received First Eucharist?	Yes or	No	Yes	or No	Yes or No
Where? Church, City, State					

If registering more than 3 children, please use additional form.

First Communion and Confirmation

The Church requires that a Certificate of Baptism must be provided before your child may receive the Sacrament of First Communion or Confirmation. Call or email the church where your son/daughter was baptized to request a Certificate of Baptism. We are not looking for an original certificate but rather a recently issued certificate which would include any notations on the back. If your child was baptized at St. George, please email Abby Wooley awooley@stgeorgelonglake.org to let her know. The certificate should be mailed to: **The Church of St. George, 133 N. Brown Rd, Long Lake, MN 55356, ATTN: Faith Formation Office.** Baptismal records are to be turned in by November 13, 2024. Children preparing for First Communion in April 2024 must be enrolled no later than October 23, 2024.



MEDICAL & SPECIAL NEEDS INFORMATION Is there any information that you would like us to know about your child(ren)? Any physical, emotional, family, or learning difficulties? Are there any health or medical issues such as allergies, epilepsy, or asthma we should be aware of? (All information will be treated with confidentiality.)

IN THE EVENT OF A MEDICAL/DENTAL EMERGENCY	& I CAN NOT BE REACHED, I AUTHORIZE EMERGENCY TREATMENT		
TO BE ADMINISTERED TO ANY CHILD(REN) LISTED	ON THIS FORM.		
PRINT FULL PARENT/GUARDIAN NAME			
SIGNATURE OF PARENT/GUARDIAN	DATE		
	, OTHER THAN PARENT(S)? In the event that we are unable to reach icate an alternate contact person who will pick up your child(ren).		
NAME	RELATIONSHIP TO CHILD		
HOME # ()	CELL #: ()		
St. George. I realize that the photo may be published in t	my son(s)/daughter(s) to be photographed or videotaped at the Church of the parish bulletin, website, social media, or on bulletin boards. Generally, ideo may be used for informational, education, or sacramental purposes, th.		
SIGNATURE OF PARENT/GUARDIAN	DATE		
FAITH FORMATION FEES INFORMATION: PIE	ease read completely and fill in worksheet for cost.		
NUMBER OF STUDENTS ENROLLED:			
GRADES pre-K - 7 (number of	f students) X \$75.00 = \$		
GRADES 8 & 9 + (number of st	(excludes retreat fees)		
	(add totals from above) Total Fees = \$		
CATECHIST CREDIT: If teachin	g a class, deduct 50% from total fees \$		
TOTAL DUE after discount = \$			
Make all checks payable to: The Church of St. George (
Electronic Payments for Faith Formation can be made at	:: https://stgeorgelonglake.org/donate/		
PAYMENT OPTIONS (Please check one): ALL FEES ARE DUE IN	N FULL WITH REGISTRATION UNLESS SPECIAL ARRANGEMENTS HAVE BEEN MADE.		
I have included full payment with registration	on		
☐ I have paid electronically			
Parish Office Use Only: Program Fee:	Amount Paid: Date:		
Circle: Flectronic or Cash or Check#	Received hy:		



The Church of St. George Faith Formation Program



Discipleship as a way of life involves giving of your time and talent to your church. Come and share your talents with us.

NAME:	GRADES OF YOUR CHILDREN:		
HOME #:	_ CELL #:	_ WORK #:	
EMAIL ADDRESS:			

Please circle the volunteer position(s) you are interested in and time where applicable.

You will be called to confirm your choices.

AREAS OF MINISTRY Please circle areas of interest	DESCRIPTION	TIME YOU ARE NEEDED
Catechist	Prepare lessons using materials provided. Teach classes.	Please circle: Wednesdays 6:30 pm
Substitute catechist	Prepare and teach classes occasionally when needed	Please circle: Wednesdays 6:30 pm
Classroom aide	Be present in classroom; assist with errands, attendance, discipline, etc.	Wednesdays 6:30 pm
Youth Ministry/Mission Trip	Chaperone	As needed for event

<u>Safe Environment Policy and Requirements from the Archdiocese of St. Paul & Minneapolis:</u> The following requirements <u>must be completed prior to</u> volunteer duties with minors.

Volunteers ages 18 years and older who have contact with children and youth are required to complete the Essential 3 (E3) requirements: Background Check, Code of Conduct, and Safe Environment Training that includes: VIRTUS training and Reporting Suspected Child Abuse training. These requirements and registration for VIRTUS training are done online at www.virtus.org. Please contact Safe Environment Coordinator Sara Dore, 952-473-1247 X101 or info@stgeorgelonglake.org, for information. Volunteers younger than 18 years old will sign a Youth Code of Conduct and submit two reference letters written by trustworthy adults attesting to their character, lack of misconduct, and dependability for the volunteer position.