

**Fee: \$50 per child**

# CHILDREN'S MINISTRY

For more information or to ask questions, please contact Theresa Crow, Children's Minister at 494-7434 or [tcrow@stmarkevangelist.com](mailto:tcrow@stmarkevangelist.com)



**Age 3 yrs thru 5th grade  
Session Sign-Up 2011-12**

**Family Information** *Please print clearly so data may be entered correctly.*

Family Name \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_  
Father / Guardian's First & Last Name \_\_\_\_\_  
Mother / Guardian' First & Last Name \_\_\_\_\_  
Marital Status: ( ) Married ( ) Divorced ( ) Separated ( ) Widowed ( ) Single  
Child Resides With: ( ) Both Parents ( ) Father ( ) Mother ( ) Other \_\_\_\_\_

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Father's Cell Phone \_\_\_\_\_ Mother's Cell Phone \_\_\_\_\_  
Father's Email \_\_\_\_\_ Mother's Email \_\_\_\_\_  
Father's Religion \_\_\_\_\_ Mother's Religion \_\_\_\_\_

## Children's Ministry Sessions

**PreSchool** (Children age 3 (by 9/1/11) thru age 5 (not in Kindergarten)

Meets twice a month *(please see calendar for specific dates)*

**PS1** — 3:30 pm Saturday

**PS2** — 8 am Mass

**PS3** — 10 am Mass

**PS4** — 12 Noon Mass

**PS5** — 3:30 pm Sunday

**Special Needs** (Children with special needs age 4 thru 14)

Every Sunday *(please see calendar for dates when not in session)*

**SN** — 10 am Mass

**Elementary** (Children in Kindergarten thru 5th grade)

Meets twice a month *(please see calendar for specific dates)*

**E1** — Saturday 3:30-4:45 pm (attend 5 pm Sat Mass)

**E2** — Sunday 8:30-9:45 am (attend 10 am Sun Mass)

**E3** — Sunday 9:30-10:45 am (attend 8 am Sun Mass)

**E4** — Sunday 11:30 am - 12:45 pm (attend 10 am Sun Mass)

**E5** — Sunday 3:30-4:45 pm (attend 5 pm Sun Mass)

**Child registration  
is found on the  
back of this form.**

## PARENT MEDICAL AND LIABILITY RELEASE STATEMENT

I understand that in the event medical intervention is needed, every attempt will be made to contact me immediately or the emergency contact persons. In the event I cannot be reached, I hereby give my permission to the physician or dentist selected by the activity leader to hospitalize or to secure medical treatment that the physician has deemed necessary. I understand that my insurance coverage for my child will be used as primary coverage in the event medical intervention is needed. Coverage by St. Mark the Evangelist, through its accident policy, will be used as secondary coverage. I understand all reasonable safety precautions will be taken at all times by St. Mark's staff and its agents during the events and activities. I understand the possibility of unforeseen hazards and know the inherent possibility of risk. I agree not to hold St. Mark the Evangelist, the Archdiocese of San Antonio, its leaders, employees, or volunteer staff liable for damages, losses, diseases, or injuries incurred by the subject of this form.

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

I also understand and consent to the use of any videotape, photographs, slides, audio tapes and any other visual or audio reproduction in which my child may appear by St. Mark the Evangelist. I understand that these materials are being used for the promotion of St. Mark the Evangelist that includes volunteer recruitment, Internet, and fund raising efforts.

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

# Children's Registration

Re-registration ( )

New Registration ( )

1. **Child's Full Name:** \_\_\_\_\_

Gender: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade Fall '11 \_\_\_\_\_

**Select Program:** \_\_\_ Preschool \_\_\_ Elementary \_\_\_ Special Needs \_\_\_ Homeschool

**Select Session**

Has this child celebrated the following Sacraments?

**Catholic Baptism:** \_\_\_ Yes \_\_\_ No *Please provide Baptismal Certificate for all new registrations.*

**1st Reconciliation:** \_\_\_ Yes \_\_\_ No **1st Eucharist:** \_\_\_ Yes \_\_\_ No

Describe any special accommodation your child needs to be successful in his/her class.

2. **Child's Full Name:** \_\_\_\_\_

Gender: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade Fall '11 \_\_\_\_\_

**Select Program:** \_\_\_ Preschool \_\_\_ Elementary \_\_\_ Special Needs \_\_\_ Homeschool

**Select Session**

Has this child celebrated the following Sacraments?

**Catholic Baptism:** \_\_\_ Yes \_\_\_ No *Please provide Baptismal Certificate for all new registrations.*

**1st Reconciliation:** \_\_\_ Yes \_\_\_ No **1st Eucharist:** \_\_\_ Yes \_\_\_ No

Describe any special accommodation your child needs to be successful in his/her class.

3. **Child's Full Name:** \_\_\_\_\_

Gender: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade Fall '11 \_\_\_\_\_

**Select Program:** \_\_\_ Preschool \_\_\_ Elementary \_\_\_ Special Needs \_\_\_ Homeschool

**Select Session**

Has this child celebrated the following Sacraments?

**Catholic Baptism:** \_\_\_ Yes \_\_\_ No *Please provide Baptismal Certificate for all new registrations.*

**1st Reconciliation:** \_\_\_ Yes \_\_\_ No **1st Eucharist:** \_\_\_ Yes \_\_\_ No

Describe any special accommodation your child needs to be successful in his/her class.

**Please check the areas your family would like to VOLUNTEER in to help with the CM Program:**

\_\_\_ Co-Catechist      \_\_\_ Catechist Aide      \_\_\_ Classroom Helper      \_\_\_ Sacramental Prep Team  
\_\_\_ Hall Monitor      \_\_\_ Car-line Supervisor      \_\_\_ Pre-Session Prep Work      \_\_\_ Children's Liturgy of the Word

## Payment Information

The Faith Formation fee offsets the cost of staff, textbooks, supplies/materials, catechist training, etc. necessary for the parish to offer a Faith Formation program. The fee is **\$50 per child**, regardless of whether your child participates in the classroom or homeschool option.

Arrangements can be made for families who need financial assistance. *No child will be denied instruction for financial reasons.*

Please make checks payable to **St. Mark the Evangelist**.

\_\_\_ Full Tuition payment due at Registration \$ \_\_\_\_\_  
\_\_\_ One-Third Tuition payment due at Registration \$ \_\_\_\_\_ *Next payments due by October 15, 2011 & January 15, 2012*

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