

# Our Lady Queen of Martyrs Faith Formation 2018-2019

Faith Formation for the 2018-2019; All children who will be in Pre-K to 10th grade for that school year are encouraged to register.

## Forms:

**One** “Faith Formation registration form” (both pages) **per family**.

**One** “Diocesan Forms Packet” (containing three forms) **per child**.

**Note:** Notarization (Maryellen is a notary) is required on the “Medical Authorization” form in the “Diocesan Forms Packet” **if the child has a physical/mental/emotional condition that may need special consideration or treatment.**

## Tuition:

**One child - \$40; two children - \$70; three or more children - \$90. Sacramental prep - additional \$10.** Please make checks payable to **Our Lady Queen of Martyrs Church**, with **Faith Formation tuition** on the subject line. We make every effort to ensure that the fees are as fair and equitable as possible. Families with **financial hardship** are eligible for assistance.

## First Reconciliation/first Communion preparation:

Sacramental Preparation is the first Wednesday of each month at 6:30-8 p.m., (unless otherwise noted on the calendar). There will also be one retreat per sacrament. A parent/guardian is required to attend Sacramental Prep classes and retreats with their student.

## Mass attendance:

**Faith Formation students must attend Mass.** If your child does not regularly attend Mass, there is no reason for him or her to attend Faith Formation. To verify their participation in the Sunday Mass, children can put a children’s envelope in the weekend collection (with or without money in it).

## Family Faith Formation Handbook:

The *Family Faith Formation Handbook* is available as a hard copy. Please review this with your children. The Handbook has not changed except for the Faith Formation times.

## Other important stuff:

Please be sure to **check out the calendar** available on facebook, website, or in paper form for dates/times of all classes and events. Faith formation is every Wednesday 6:30-8 p.m.

We have some **teacher and aide vacancies** for the coming year. Please contact us if you are interested in volunteering. Students of volunteers attend for free.

Kathy Tortolano/MaryEllen W. Smith — Director’s of Faith Formation  
941-755-3497 or [faithformation@olqm.net](mailto:faithformation@olqm.net)  
[www.olqm.net](http://www.olqm.net)

# Our Lady Queen of Martyrs Faith Formation Registration

One form per family — Please complete both sides

2018-2019

## Student Information

For office use only: Fees paid:  Medical authorization:  Image release:  Third party release:  Baptismal Certificate:  OR Baptized at OLQM:

**First student's full name:** \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Date/Place of Baptism: \_\_\_\_\_

Baptized at OLQM? \_\_\_ If not Baptized at OLQM will need copy of Baptismal Certificate.

Grade for the **2018-2019** school year: \_\_\_\_\_ School: \_\_\_\_\_

Student has received: \_\_\_Baptism \_\_\_Reconciliation \_\_\_Eucharist \_\_\_Confirmation

**Second student's full name:** \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Date/Place of Baptism: \_\_\_\_\_

Baptized at OLQM? \_\_\_ If not Baptized at OLQM will need copy of Baptismal Certificate.

Grade for the **2018-2019** school year: \_\_\_\_\_ School: \_\_\_\_\_

Student has received: \_\_\_Baptism \_\_\_Reconciliation \_\_\_Eucharist \_\_\_Confirmation

**Third student's full name:** \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Date/Place of Baptism: \_\_\_\_\_

Baptized at OLQM? \_\_\_ If not Baptized at OLQM will need copy of Baptismal Certificate.

Grade for the **2018-2019** school year: \_\_\_\_\_ School: \_\_\_\_\_

Student has received: \_\_\_Baptism \_\_\_Reconciliation \_\_\_Eucharist \_\_\_Confirmation

## Sacramental Preparation (complete this section if appropriate):

*Second graders receive first reconciliation/first Communion. Tenth graders receive Confirmation, after completing a 2 year program of Sacramental Prep.*

*Students who missed these sacraments are encouraged to participate in Sacramental Preparation. An additional fee of \$10 is requested for all students participating in Sacramental Preparation.*

I would like my child, \_\_\_\_\_, to receive the following Sacrament(s) this year:

\_\_\_Baptism \_\_\_Reconciliation \_\_\_Eucharist \_\_\_Confirmation

I would like my child, \_\_\_\_\_, to receive the following Sacrament(s) this year:

\_\_\_Baptism \_\_\_Reconciliation \_\_\_Eucharist \_\_\_Confirmation

# Our Lady Queen of Martyrs Faith Formation Registration

One form per family — Please complete both sides

2018-2019

## Family Information

Are you currently registered parishioners at Our Lady Queen of Martyrs? \_\_\_ Yes \_\_\_ No\*

(\*Please note: Families must be registered at the parish to participate in Faith Formation and Sacramental Preparation. Please complete and submit a Parish Registration with this form.)

Student(s) lives with: \_\_\_ Both parents \_\_\_ Mother \_\_\_ Father \_\_\_ Guardian

Home street address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Home phone: \_\_\_\_\_

**Mother's name:** \_\_\_\_\_ Maiden name: \_\_\_\_\_

Cell phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Mother's job/skills: \_\_\_\_\_

**Father's name:** \_\_\_\_\_

Cell phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Father's job/skills: \_\_\_\_\_

(Complete below if applicable)

**Guardian's name:** \_\_\_\_\_ Relationship: \_\_\_\_\_

Cell phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Guardian's job/skills: \_\_\_\_\_

I attest that all information on this form is true and correct to the best of my knowledge. I understand that, as my child's parent, I am the first teacher of the faith for my child and I will make every effort to aid my child (ren) in the study and understanding of their faith.

Furthermore, I attest that my student(s) and I have reviewed the *Faith Formation Family Handbook* and will comply with the parent and student responsibilities as laid out. (*handbook has not changed except for the time of Faith Formation ends each week*)

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

Number of students: \_\_\_\_\_  
Registered:   
Check number: \_\_\_\_\_  
Check   
Cash   
Amount paid: \_\_\_\_\_  
Date received: \_\_\_\_\_  
For office use only:

*Our Lady Queen of Martyrs, 833 Magellan Drive, Sarasota, FL 34243 Phone 941-755-3497*