



If you are interested in serving as a catechist, or if you have any questions about religious education, please contact Dr. Lauren Bergier:  
 (303)666-6401 ext. 412  
 lbergier@stlp.org

Date Received: \_\_\_\_\_

Hand Delivered  Via Mail  
 Parish Office  Via E-Mail

## Religious Education and Youth Group Registration 2020-2021

<b>Family Last Name:</b>		<b>Registered Parishioner of St. Louis Parish:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Registered Elsewhere	
<b>Street Address:</b>		<b>City:</b>	<b>School:</b>
<b>Zip Code:</b>	<b>Father's First Name:</b>		<b>Father's Religion:</b> <input type="checkbox"/> Catholic <input type="checkbox"/> Non-Catholic
<b>Last Name (If Different):</b>	<b>Work Phone:</b>		<b>Mother's Religion:</b> <input type="checkbox"/> Catholic <input type="checkbox"/> Non-Catholic
<b>Cell Phone:</b>	<b>Mother's First Name:</b>		<b>Mother's Religion:</b> <input type="checkbox"/> Catholic <input type="checkbox"/> Non-Catholic
<b>Last Name (If Different):</b>	<b>Work Phone:</b>		<b>Emergency Contact:</b>
<b>Cell Phone:</b>	<b>Relationship to Family</b>		<b>Cell Phone:</b>
<b>Family Email Addresses:</b>		<b>Most Effective Way of Communication:</b> <input type="checkbox"/> Phone <input type="checkbox"/> Email	

**Sun.: after 9 AM Mass to 11:00AM**  
**Religious Ed.: Grades K - 4**

**Sun.: after 9 AM Mass, + other activities**  
**Youth Group: Grades 5 - 8**

As a community, St. Louis Parish is committed to assisting our children in obtaining the truths of the faith of which they, through baptism, have become a member. However, we also recognize that parents, by right and privilege, are the primary educators of their children in the ways of their faith, as well as their first and most effective Christian witness. Therefore, parents of children who will be receiving the Sacraments of Reconciliation, Confirmation, and/or First Eucharist will be provided with a handbook designed to assist them in their child's sacramental preparation. Once parents have determined that their child is able to express an understanding of the Sacrament they are seeking to receive, an interview with the pastor must be scheduled. If the pastor agrees that the child is in fact prepared to receive a given Sacrament, the child may receive it.

As early as Second Grade, children are encouraged to prepare for and receive the Sacrament of Reconciliation. As early as Third Grade, children are encouraged to prepare for and receive the Sacraments of Confirmation and their First Communion. Parents, however, are ultimately the best judges of when their children are ready to receive Sacraments. Confirmation and First Communion take place each year at the same celebration on a date which is determined by the Archdiocese.

NOTE: For children receiving a Sacrament, a verification of baptism issued within 6 months of the reception of Sacraments MUST be received by the Religious Education Office prior to the scheduled date of the Sacrament. Those who were baptized at St. Louis Parish can obtain verification from the Parish Office.

**As the primary educator of my children in the ways of the faith, I promise that I will guide them in their faith development and sacramental preparation, as well as assist them in their learning of the basic prayers. I will pray with them every day.**

**Parent/Guardian ('s) Signature: \_\_\_\_\_ Date: \_\_\_\_\_**

## Student Registration Information

All children in your household:

Child's First Name	Last Name	2019-2020 Grade Level	Is this child baptized?	Has this child received 1st Confession & Communion?	Has this child been confirmed in the Catholic Church?

Child 1:

First Name: \_\_\_\_\_ Nickname: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_  
 Allergies/Special Needs: \_\_\_\_\_ Name of School: \_\_\_\_\_

Child 2:

First Name: \_\_\_\_\_ Nickname: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_  
 Allergies/Special Needs: \_\_\_\_\_ Name of School: \_\_\_\_\_

Child 3:

First Name: \_\_\_\_\_ Nickname: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_  
 Allergies/Special Needs: \_\_\_\_\_ Name of School: \_\_\_\_\_

Child 4:

First Name: \_\_\_\_\_ Nickname: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_  
 Allergies/Special Needs: \_\_\_\_\_ Name of School: \_\_\_\_\_

Child 5:

First Name: \_\_\_\_\_ Nickname: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_  
 Allergies/Special Needs: \_\_\_\_\_ Name of School: \_\_\_\_\_

For Child 6+, kindly attach a second page.

### PHOTOGRAPHIC AND INTERVIEW RELEASE

I hereby grant the consent to the Catholic Archdiocese of Denver and Saint Louis Parish the right to use my child's/children's name(s) and likeness, whether in still, motion pictures, audio and video tape, DVD, photographs and/or reproductions including voice (including commentary, remarks, and/or recordings); features, with or without their name, for any promotional purposes involving the Archdiocese of Denver or parish entity, for news and/or feature stories in the Denver Catholic Register, parish bulletin, or other media (which includes internet, print, radio, television) or for other purposes whatsoever, except for the endorsement of any commercial product. These items may be used without limitation or reservation of any fee. NOTE: Minors cannot consent to media interviews or waive their privacy right, these decisions must be made by parents/guardians; therefore, this release form must be signed by a parent or guardian if the individual is a minor.

Parent/Guardian ('s) Signature: \_\_\_\_\_ Date: \_\_\_\_\_