



**Mother: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Last Name First Name (Maiden)

Mother’s Religion: Catholic Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mother’s Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

STREET CITY/STATE ZIP

Mother’s Email Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mother’s Home Phone ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Mother’s Cell Phone ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you a member of St. Albert the Great Parish? YES (ENV # \_\_\_\_\_\_\_\_\_) NO: \_\_\_\_\_\_\_\_\_\_



**Father: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Last Name First Name

Father’s Religion: Catholic Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Father’s Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

STREET CITY/STATE ZIP

Father’s Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Father’s Home Phone ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Father’s Cell Phone ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you a member of St. Albert the Great Parish? YES (ENV # \_\_\_\_\_\_\_\_\_) NO: \_\_\_\_\_\_\_\_\_\_\_





**STUDENT INFORMATION**

**NAME**: (first, last - nickname) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **GRADE IN FALL:**\_\_\_\_\_

Circle One: **Male Female**

**BIRTH:** \_\_\_\_\_\_\_\_\_\_\_\_**in** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **SCHOOL ATTENDING:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(date) (city / state/ zip)

**BAPTISM:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **on** \_\_\_\_\_\_\_\_\_\_\_\_\_ **in** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**RECONCILIATION:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**on** \_\_\_\_\_\_\_\_\_\_\_\_\_ **in** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**COMMUNION:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **on** \_\_\_\_\_\_\_\_\_\_\_\_\_ **in** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CONFIRMATION:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **on** \_\_\_\_\_\_\_\_\_\_\_\_\_ **in** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Name of Church) (date) (city / state/ zip)



**NAME**: (first, last - nickname) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **GRADE IN FALL:**\_\_\_\_\_

Circle One: **Male Female**

**BIRTH:** \_\_\_\_\_\_\_\_\_\_\_\_**in** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **SCHOOL ATTENDING:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(date) (city / state/ zip)

**BAPTISM:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **on** \_\_\_\_\_\_\_\_\_\_\_\_\_ **in** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**RECONCILIATION:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**on** \_\_\_\_\_\_\_\_\_\_\_\_\_ **in** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**COMMUNION:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **on** \_\_\_\_\_\_\_\_\_\_\_\_\_ **in** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CONFIRMATION:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **on** \_\_\_\_\_\_\_\_\_\_\_\_\_ **in** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Name of Church) (date) (city / state/ zip)



**NAME**: (first, last - nickname) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **GRADE IN FALL:**\_\_\_\_\_

Circle One: **Male Female**

**BIRTH:** \_\_\_\_\_\_\_\_\_\_\_\_**in** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **SCHOOL ATTENDING:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(date) (city / state/ zip)

**BAPTISM:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **on** \_\_\_\_\_\_\_\_\_\_\_\_\_ **in** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**RECONCILIATION:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**on** \_\_\_\_\_\_\_\_\_\_\_\_\_ **in** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**COMMUNION:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **on** \_\_\_\_\_\_\_\_\_\_\_\_\_ **in** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CONFIRMATION:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **on** \_\_\_\_\_\_\_\_\_\_\_\_\_ **in** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Name of Church) (date) (city / state/ zip)



**NAME**: (first. last - nickname) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **GRADE IN FALL:**\_\_\_\_\_

Circle One: **Male Female**

**BIRTH:** \_\_\_\_\_\_\_\_\_\_\_\_**in** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **SCHOOL ATTENDING:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(date) (city / state/ zip)

**BAPTISM:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **on** \_\_\_\_\_\_\_\_\_\_\_\_\_ **in** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**RECONCILIATION:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**on** \_\_\_\_\_\_\_\_\_\_\_\_\_ **in** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**COMMUNION:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **on** \_\_\_\_\_\_\_\_\_\_\_\_\_ **in** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CONFIRMATION:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **on** \_\_\_\_\_\_\_\_\_\_\_\_\_ **in** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Name of Church) (date) (city / state/ zip)

CHILD’S LAST NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PREP FAMILY CONSENT AND RELEASE FORM 2023-2024:**

**THIS FORM WILL BE KEPT BY EACH CATECHIST FOR USE IN THE EVENT OF AN EMERGENCY**

**PARENT NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SUNDAY AM CONTACT # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PARENT NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_SUNDAY AM CONTACT # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**FAMILY HEALTH INFORMATION:**

Do any of your children receive accommodations in school or have a 504 plan? Do any of your children have any special needs we need to be aware of to better facilitate his/her education? And/or do your children take any medications, have any allergies, or have any medical or mental conditions? **(NAME/GRADE/EXPLANATION)**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**IN CASE OF EMERGENCY:**

In the event you cannot be reached, please indicate an EMERGENCY CONTACT PERSON:

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ RELATION TO CHILD \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Physician’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ LOCATION: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If you and the physician of your choice, as indicated above, cannot be reached in an emergency and immediate medical and/or hospital attention is indicated do you authorize St Albert the Great Parish to send your child (properly accompanied by an adult) to an available hospital or physician?



YES NO Signature of Parent of Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

As a parent and/or guardian, I authorize the treatment of a minor child/children by a qualified and licensed medical doctor in the event of a medical emergency which, in the opinion of the attending physician, may endanger his or her life, cause physical disability or undue comfort if delayed. This consent is granted only after reasonable effort has been made to reach me.

YES NO Signature of Parent of Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PERMISSION TO PHOTOGRAPH:**

I hereby give St Albert the Great Parish permission to photograph / video record my child for use on display board, photo album, or slideshow.

Signature of Parent of Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**NOTES:**

Is there anything else we should be aware of? Please explain.

CHILD’S LAST NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PREP Parent Volunteer Sign-Up Sheet 2023-2024**

**Parent’s Name (please print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

It takes many hands and hearts to run our PREP program each week. We are so grateful to the many catechists and assistants who devote their time and energy to sustain this ministry. We would also like to invite YOU to be actively involved in your child’s formation. **We would ask that each family choose one or more items to commit to this year:**

* I would be interested in being a FULL time PREP Catechist or Co-Catechist

Commitment: Weekly: August-April

* I would be willing to be a Substitute Catechist (PREFERRED GRADES (\_\_\_\_\_\_\_\_)

Commitment: \_\_\_\_ As Needed (Lesson plan provided)

* I would be willing to serve as a Classroom Assistant (PREFERRED GRADES: (\_\_\_\_\_\_\_\_\_\_)

Commitment: \_\_\_ One day this year Preferred Month (s): \_\_\_\_\_\_\_\_

\_\_\_ 4 days this year (4 Sundays) Preferred Month (s): \_\_\_\_\_\_\_

* I have a High School student interested in being an Assistant (PREFERRED GRADES: (\_\_\_\_\_\_)

Commitment: Preferred Weekly but will work with their schedule

* I would be willing to set up or assist with a Sacrament Workshop/Banner

Commitment: \_\_\_\_ 1st Reconciliation

\_\_\_\_ 1st Communion

\_\_\_\_\_ Confirmation

* I would be willing to serve on the PREP/Formation advisory board

Commitment: 4 meetings per year

* I would be willing to donate a breakfast item for a Catechist Appreciation Day
* I would like to participate in a Parent-to-Parent Bible Study or Faith Sharing Group

The Catechists, Assistants, and Lifelong Formation staff thank you for your support of our ministry to the children and young people of St. Albert.

God Bless You,

Office of Lifelong Formation and Education