



# *Appendix C ~ Sample Forms*

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# Sample Carpool Information

Parish Letterhead

School \_\_\_\_\_ Year \_\_\_\_\_

## Parent Carpool Permission Form

My child \_\_\_\_\_, who is attending Faith Formation in Grade \_\_\_\_\_, has my permission to carpool. The following people will be picking up or dropping off my child during class sessions:

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Phone Number \_\_\_\_\_  
(Print)

Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_  
(Signature)

# Sample Release Time Transportation Form

Parish Letterhead

## **Parental Permission for Child's Transportation to Parish Faith Formation**

Child's Name: \_\_\_\_\_

Day each week when class is held: \_\_\_\_\_

Time class begins: \_\_\_\_\_ Time class ends: \_\_\_\_\_

I hereby request that for the purpose of weekly religious instruction,  
my child \_\_\_\_\_ be transported by bus

from \_\_\_\_\_  
Name of School

to \_\_\_\_\_  
Name of Parish

at \_\_\_\_\_  
Address of Parish Religious Education/Faith Formation Center

I understand that the parish authorities will take reasonable precautions against accident, personal injury and loss of, or damage to, property while in route, but neither they nor the Diocese of Syracuse assumes any legal liability for any such occurrence except any liability based on their failure to take such reasonable precautions.

\_\_\_\_\_  
*Parent/Guardian Signature*

\_\_\_\_\_  
*Date*

# Sample Registration For Faith Formation (Year)

Parish Letterhead

FAMILY LAST NAME: \_\_\_\_\_

Father's name \_\_\_\_\_ Mother's name \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY/ZIP \_\_\_\_\_

PHONE# \_\_\_\_\_ CELL# \_\_\_\_\_ E-mail \_\_\_\_\_

Children are living with: Both \_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_ CELL# \_\_\_\_\_

CHILDREN BEING REGISTERED NEW STUDENTS: please complete additional information on reverse

First Name Last Name (if different) Grade in Sept School District

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

Person other than a custodial parent who is authorized to pick up your child:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

FEES:

No child will be denied faith formation due to an inability to pay. Contact \_\_\_\_\_ to make arrangements

TOTAL AMOUNT PAID \_\_\_\_\_ CK # \_\_\_\_\_

**IMPORTANT: List any information helpful for us to know: (medical, food allergies, family or custodial arrangements, learning disabilities, strategies that are helpful in a classroom setting to help make Faith Formation a positive experience for your child)**

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***Please fill out the reverse and return completed form to address on back***

**NEW FAMILY – PLEASE COMPLETE BELOW**

Family Name: \_\_\_\_\_

Father's Religion: \_\_\_\_\_

Mother's Religion: \_\_\_\_\_ Mother's Maiden Name: \_\_\_\_\_

Parents please note: If you are not Catholic and interested in learning more about the Catholic faith please indicate below

I would like to know more about the Catholic faith: Name \_\_\_\_\_

***NOTE: Please provide a Baptismal Certificate for student(s) to be registered as well as record of First Eucharist and First Penance if applicable***

Child's Full Name	Date of Birth	City/State of birth	Church/location of Baptism	Church/location of 1st Eucharist	Church/location of 1st Penance
1. _____	_____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____	_____

**Return completed form to:**

# Student Registration Form (Year)

Parish Letterhead

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

**Student's Name** \_\_\_\_\_ **Family Name:** \_\_\_\_\_

Address: \_\_\_\_\_  
*Street (Apt) City Zip*

Phone: \_\_\_\_\_ Family Email \_\_\_\_\_

Date of Birth \_\_\_\_\_ City/State of Birth \_\_\_\_\_

School \_\_\_\_\_ Current Grade \_\_\_\_\_

## Father's Information

Name: \_\_\_\_\_ Religious Affiliation: \_\_\_\_\_

Address if different: \_\_\_\_\_ Phone: \_\_\_\_\_  
*Street City State Zip day eve cell*

## Mother's Information

Name: \_\_\_\_\_ Religious Affiliation: \_\_\_\_\_

Address if different: \_\_\_\_\_ Phone: \_\_\_\_\_  
*Street City State Zip maiden day eve cell*

Emergency Contact: \_\_\_\_\_  
*Name Phone Relationship*

Siblings \_\_\_\_\_

## Sacramental Information

BAPTISM \_\_\_\_\_  
*Date Parish Address*

FIRST PENANCE \_\_\_\_\_  
*Date Parish Address*

FIRST EUCHARIST \_\_\_\_\_  
*Date Parish Address*

CONFIRMATION \_\_\_\_\_  
*Date Parish Address*

## Other Information:

Please list any information that might help us in meeting the needs of your child: allergies, special physical or learning needs, medications, etc.

Carpool Info Attached: Yes \_\_\_\_\_ No \_\_\_\_\_ Release Time Form Incl.: Yes \_\_\_\_\_ No \_\_\_\_\_

Fee Information: \_\_\_\_\_

# Permanent Record Card

Parish Letterhead

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

Registration

**Full Name:** \_\_\_\_\_ **Parish:** \_\_\_\_\_

Date of Birth: \_\_\_\_\_ City/State of Birth: \_\_\_\_\_

School: \_\_\_\_\_ Email: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell \_\_\_\_\_

Family Address: \_\_\_\_\_  
*Street (Apt) City Zip*

## Father's Information

## Mother's Information

Father's Name: \_\_\_\_\_ Mother's Name: \_\_\_\_\_

Religious Affiliation: \_\_\_\_\_ Religious Affiliation: \_\_\_\_\_

Address if different: \_\_\_\_\_ Address if different: \_\_\_\_\_

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_ *day eve cell day eve cell*

Siblings: \_\_\_\_\_

## Emergency

## Other

Contact: \_\_\_\_\_  
*Name Phone Relationship*

## Sacramental Information

BAPTISM: \_\_\_\_\_  
*Date Parish Address*

FIRST PENANCE: \_\_\_\_\_  
*Date Parish Address*

FIRST EUCHARIST: \_\_\_\_\_  
*Date Parish Address*

CONFIRMATION: \_\_\_\_\_  
*Date Parish Address*

LAST NAME

FIRST NAME





# Catechist Self Evaluation

It is important to reflect on your efforts and try to improve your abilities as a catechist. Circle the (star) where you excel, and circle the cross where you need a little bit more of the Lord's help.

1.     ★     †     I usually look forward to my class.
2.     ★     †     The atmosphere in my classroom is welcoming and cheerful.
3.     ★     †     I am usually fair, patient and kind with my learners.
4.     ★     †     Before I say something, I usually stop to think about the effect my words may have on another person.
5.     ★     †     I plan and prepare before each class.
6.     ★     †     I try to weave in a variety of classroom experiences in each lesson.
7.     ★     †     The children usually seem to find class interesting.
8.     ★     †     Outside of class I read about the topic I am teaching to improve my knowledge on the subject and be a better informed catechist.
9.     ★     †     I read to find out more about the children I teach.
10.    ★     †     I read to find out more ways to improve my teaching methods.
11.    ★     †     I use the internet as a resource to explore new ideas and information to use in the classroom.
12.    ★     †     I use the Diocesan Resource Center and the resources available in my own parish.
13.    ★     †     I try to encourage other catechists.
14.    ★     †     I take advantage of in-service training whenever I can.
15.    ★     †     I attend parish catechist meetings.
16.    ★     †     I share my great ideas with other catechists and try new ideas from others.
17.    ★     †     I enjoy using audio-visual teaching aids; videos, music, games, etc.
18.    ★     †     My classes are generally student centered instead of catechist centered.
19.    ★     †     I am familiarizing myself with the National Catechetical Directory.
20.    ★     †     I share as much as possible in the worship, prayer and sacramental life of my parish.
21.    ★     †     I read and pray with the scriptures.
22.    ★     †     I seek God's inspiration in my ministry as a catechist and in all parts of my life.