



*The Church of
Saint Timothy*

8 Oak Avenue North, Maple Lake, MN 55358
office: 320-963-3726 • FAX: 320-963-2008

Dear 10th Grade Parents,

We are very excited for the start of the new Faith Formation year, 2022-2023. Please look through all the bullet points below so that you are fully informed.

- The Faith Formation Open House/Registration Evening takes place on August 31st, from 6:00pm-7:30pm at the school. Our catechists would love to meet and chat with their students for the year.
- Registration forms needed are...
 - Code of conduct 2022-2023
 - Parent Participation Form
 - Mentor Participation Form
 - FF Registration Sheet
 - Service Hour Sheets (can be turned in at anytime – they must be completed one month prior to confirmation)
 - Pledge of commitment
 - Authorization, Consent Release for Use of Visual Likeness and Original Works of Minors
 - Novel Coronavirus Acknowledgment and Assumption of Risk
- The 10th Grade material this year is the Decision Point series. Classes meet from 7pm-8:15pm at St. Timothy School.
- If your child is absent from school on Wednesday due to illness, please do not send them to Faith Formation that evening.
- If your child will miss a Faith Formation Session, please let us know beforehand via phone call or e-mail.
- Important dates for the year are...
 - Our mandatory Parent+Mentor meeting will be held on September 28th, 6:00-6:45pm, in the school gym. We will be discussing new requirements to the program.
 - 9th & 10th Grade Overnight Retreat is TBD
 - Rite of Sending: April 30th @ 10:00am Mass
 - Confirmation on May 11th @ the Cathedral. Mass begins at 7:00pm.
- Lastly, if you are unable to make the Open House, please turn your registration forms into the Parish Office prior to August 31st. A late fee of \$10 must accompany forms turned in after.

Also, I would like to remind you that we have Open Youth Room at the church on Wednesdays, after school until 7:00pm. This is available for any students, 6th-12th grade, who wants to find community at the parish and also needs a place to go after school until classes. They have time to play games, enjoy Adoration, and have a meal provided every week. It is an amazing opportunity!

If you have any questions, please let me know!

Yours in Christ,
Through Mary
Karrie Walton
Director of Faith Formation



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**2022-2023 Faith Formation Registration
Grades K through 10**

Registration at the Church of St. Timothy is required to participate in our Faith Formation Program

Parents/Guardian Last Name: *Please list all names that can be contacted in case of an emergency.

Parents/Guardian First Name:

Address (PO Box):

City: Parents Email:

State: Parent's Cell#:

Zip Code: Home#:

Did this student/s attend FF at St. Timothy's last year Y/N? If no, where _____

Are you homeschooling this year? _____

Is your family currently registered as parishioners at St. Timothy? Y/N? If no, where _____

Student's Name: _____	Grade: _____	Email: _____	Cell# _____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please note: After August 31st a late fee of \$10.00 will be added to each late registration.

Tuition Rate	Number of Youths	Total Tuition
Grades K through 10 is \$75.00	X _____	= _____
Retreat Rates		
Grade 6 Retreat Fee is \$10.00	X _____	= _____
Grade 7 Retreat Fee is \$10.00	X _____	= _____
Grade 8 Retreat Fee is \$25.00	X _____	= _____
Grade 9 & 10 Retreat Fee is \$75.00	X _____	= _____
Late Fee		<input type="text" value="\$10.00"/>
		Total: _____

The maximum tuition for any family is \$210.00. Please note that Retreat Rates must be paid at time of registration and are not included in the \$210.00 tuition maximum.

For Office Use Only

Tuition: Please make checks payable to: The Church of St. Timothy

Paid in Full: Yes - No

Date Paid: _____ Method of Payment: Check# _____ or Cash _____

Balance Due: _____

Amount paid will be deducted from your total

Emergency Medical Information

If a child needs emergency care, we will call 911 and notify parents immediately. There is not medical insurance provided by the Parish or Archdiocese.

Contact person if parents cannot be reached:

Name _____ Relationship _____

Primary Phone # _____ Secondary Phone # _____

In the event of an emergency and I cannot be contacted, I hereby authorize that emergency treatment be administered.

Parent/Guardian signature _____ Date _____

Known allergies to medications or food:

Child's Name _____ Allergies _____

Child's Name _____ Allergies _____

The following are special circumstances regarding my child (social, medical or academic):

Child's Name _____ Concerns _____

Child's Name _____ Concerns _____

Additional information which would be helpful in teaching your child (learning disabilities, behavior tendencies, etc.) _____

PHOTO RELEASE

Photo Release: I hereby grant permission for photographs taken of my child at this event to appear on St. Timothy's website, promotional flyers/videos, parish directories other parish social media sites, as well as an individual group photo going home with each person in that photo. I understand that these images will be used only in relation to these publications and this event. Any other use of said images will require my full written consent. (NOTE: If you do not grant permission, you must indicate such in a written letter to the Catholic Church of Saint Timothy, 8 Oak St. N. Maple Lake MN 55358. Notification must arrive at stated address no less than 5 business days prior to the event date.)

Parent Signature: _____ Date: _____

TO PARTICIPATE IN THE ABOVE-DESCRIBED PROGRAM

I warrant that my child is in good health. In the consideration of my child's participation, I agree to indemnify the parish from any claims or law suits brought by myself, my child, or others, that arise out of any behavior by my child at the event/activity described above. I also agree to pay reasonable attorney's fees or expenses incurred by the parish in defense of such a claim/suit. I agree that I am responsible for my child's conduct and actions. The event sponsor is not responsible for any injury or damage incurred or caused by my child. I understand that my child is required to comply with the code of conduct provided by the parish while participating in the event. I understand that if my child violates the code of conduct he/she may be required to be transported home at my expense.

I have read and agree to Terms and Conditions.

Parent Signature: _____ Date: _____

KIDSMARTZ & NETSMARTZ ARE MANDATED ASPECTS OF OUR PROGRAM

Parents will be notified prior to the date this material is to be covered at the appropriate grade level. There is an option to opt out of this material and cover it at home. We are very happy to work with you and answer any questions or address any concerns you may have. This/similar material is also covered at the public school, our students should have some familiarity with this material. I understand that the Parish must provide/cover this material as required by the Office for the Protection of Children and Youth.

I have read and agree to Terms and Conditions.

Parent Signature: _____ Date: _____

**AUTHORIZATION AND RELEASE FOR USE OF
VISUAL LIKENESSES AND ORIGINAL WORKS OF MINORS**

This form allows you, the parent or guardian, to identify if images of your child and their original works may be used for purposes of print, online, social media communication and promotion.

I am the parent or legal guardian of _____ (full name of minor) ("My Child").

I grant the following rights to **The Church of St Timothy/St Timothy School** and the Archdiocese of Saint Paul and Minneapolis:

1. The right to use all photographs, pictures, portraits, vocal sounds, appearances/likenesses, video and performances (hereinafter collectively known as "image") of My Child in the possession of **The Church of St Timothy/St Timothy School**.
2. The right to use, reproduce, publish, exhibit, distribute, and transmit the image of My Child individually or in conjunction with other images or printed matter in the production of brochures, slides, motion pictures, broadcasts (radio, television, and other social and digital media), audio or video files, recordings, still photography, CD-Rom and any other manner of media now known or later developed;
3. The right to use, reproduce, publish, exhibit, distribute, and transmit the image of My Child individually or in conjunction with other images or printed matter on **The Church of St Timothy/St Timothy School** and the Archdiocese of Saint Paul and Minneapolis's Internet websites. **No home address or phone number will be published;**
4. The right to record, reproduce, amplify, edit, and simulate My Child's image and all sound effects produced;
5. The right to copyright, in the name of **The Church of St Timothy/St Timothy School** and the Archdiocese of Saint Paul and Minneapolis, works that contain the image of My Child;
6. The right to use and publish for general communications, advertising, commercial or publicity purposes, or for any other lawful purpose whatsoever My Child's original work; and
7. The right to assign the above-mentioned rights to third parties without notice to me.

I understand that the video files, still photos, or other media incorporating the image of My Child will become the property of **The Church of St Timothy/St Timothy School**. I hereby waive the right to inspect or approve the image or any finished materials that incorporate the image.

I understand and agree that no compensation will be provided, now or in the future, in connection with the use of My Child's image or My Child's original work.

I hereby release, discharge, and agree to indemnify and hold harmless **The Church of St Timothy/St Timothy School**, the Archdiocese of Saint Paul and Minneapolis, and their agents, employees and assigns from any and all claims, demands, right, and causes of action of whatever kind that I or My Child have or may have or may arise by reason of this authorization and from the use of My Child's image and original work, including but not limited to, all claims for libel and invasion of privacy.

This consent regarding My Child's likeness and original work is valid until such time as I choose to rescind this authorization and consent. If I choose to rescind this authorization and consent, I agree that I will inform **The Church of St Timothy/St Timothy School** in writing and that my rescission will not take effect until it is received by **The Church of St Timothy/St Timothy School**. I understand and acknowledge that it may not be possible to recall any work or photos that have been published prior to receipt of my written rescission.

I hereby authorize and consent that **The Church of St Timothy/St Timothy School** and the Archdiocese of Saint Paul and Minneapolis have the right to use My Child's name in connection with their educational, promotional, fund-raising activities, or for any other legitimate purpose.

Please initial: _____ Yes _____ No

I have read the above Disclosures, Authorizations, and Releases, have had the opportunity to consider their terms, and understand them. I execute this document voluntarily and with full knowledge of its significance.

Parent/Guardian Name (please print): _____

Address: _____

Phone number: _____

Signature of Parent/Guardian: _____ Date: _____

Novel Coronavirus Acknowledgement & Assumption of Risk
The Church of St. Timothy

I acknowledge and understand, the novel coronavirus, COVID-19 has been declared a worldwide pandemic by the World Health Organization. Further, that COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact. I also acknowledge, that federal, state, and local governments and federal and state health agencies recommend social distancing and have, in many locations, prohibited or limited the congregation of groups of people.

I agree, represent, and warrant that neither the undersigned, nor any registered participant child(ren) shall visit or utilize the facilities, programs, activities, or services of The Church of St. Timothy within 14 days after (1) returning from outside the United States, (2) exposure to any person returning from outside the United States, or (3) exposure to any person who has a suspected or confirmed case of COVID-19.

I hereby agree, represent, and warrant that neither the undersigned nor any registered participant child(ren) shall visit or utilize the facilities, programs, activities, or services of The Church of St. Timothy if he or she (1) experiences symptoms of COVID-19, including, without limitation, fever, cough or shortness of breath, or (2) has suspected or diagnosed/confirmed case of COVID-19. The undersigned agrees to notify The Church of St. Timothy immediately if any of the foregoing access or use restrictions may apply.

The Church of St. Timothy has put in place preventative measures to reduce the spread of COVID-19. I agree to comply with measures that The Church of St. Timothy may require to best protect against the introduction of viruses at The Church of St. Timothy, including, but not limited to, hygiene practices and temperature screening, related to myself and/or my child(ren). The Church of St. Timothy cannot guarantee that my child(ren) will not become infected with COVID-19. I understand and agree that attending The Church of St. Timothy could increase my risk and my child(ren)'s risk of contracting COVID-19.

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child(ren) and I may be exposed to or infected by COVID-19 by participating in programs of or attending The Church of St. Timothy and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 at The Church of St. Timothy may result from the actions, omissions, or negligence of myself and others, including, but not limited to, The Church of St. Timothy employees, volunteers, and program participants and their families.

_____ Date: _____
Parent/Guardian Signature

Parent/Guardian Name (printed) _____

Child(ren) Full Name(s)

FAITH FORMATION PARENT VOLUNTEERING

Please consider volunteering with our FF Program. We need substitute catechists, catechist aides, office staff substitutes and assistance with Retreats. If you choose to be a catechist or aide you receive discounted tuition. Please sign up below or contact Karrie if interested or if you have any questions.

FAITH FORMATION PARENT SIGN-UP GRADE

K - 10

I will be able to help in the following ways:

	Name	Phone/cell #	e-mail address
1. Substitute	_____	_____	_____
2. Be a teacher aide in the classroom	_____	_____	_____
3. Provide clerical help to the staff	_____	_____	_____
4. Babysit for teachers	_____	_____	_____
5. Pray for our students, teachers & aides	_____	_____	_____
6. Assist with Retreats	_____	_____	_____
7. Be a driver for youth events	_____	_____	_____
8. Be involved with fundraising	_____	_____	_____
9. Be involved with fun Outings	_____	_____	_____

ST. TIMOTHY'S FAITH FORMATION CODE OF CONDUCT

Students must follow all health policies related to Covid-19 as specified in the parent letter.

Catechists of Faith Formation perform an invaluable service to the parents of St. Timothy's Parish. They have a time-consuming and challenging job, as you can well imagine. They need to cover much material in just over one hour a week. Your responsibility as parents is to deliver and pick up your teenager on time, to discuss with them the content covered in class, and to assure teachers of his/her consistent, appropriate behavior.

Even though infrequent, any serious attitude/discipline problems make it necessary - for the success of our program - that all parents and their students sign a behavior contract that will be strictly enforced. Every young person in faith formation is entitled to quality instruction in a supportive and safe environment.

Our policy states that: when the adult leader considers a student's behavior to be consistently off task, inappropriate or disrespectful, that student will receive one verbal warning. Any subsequent problem will be reported to the Director of Faith Formation. Parents will be contacted before the next class period to choose one of two options:

- A. Parents will receive leader guides and training to home school their student. A follow-up quiz will be given by the Director of Faith Formation
- B. Parents will accompany their student to his/her class to assist with instruction and behavior.

If the behavior is severe there will be no other warnings and appropriate action will happen that night when the parent picks up the student.

Parent or Guardian: I agree that my young person shall abide by the contract outlined above. I have reviewed it and discussed the contract with my child prior to signing this form. I agree that if my child fails to consistently abide by the code or engages in a serious infraction of the code, I will be notified immediately to choose from the options listed above.

Signature: _____ Date: _____

Youth Participant: I understand and agree to the St. Timothy's Faith Formation Behavior Contract. I also understand that my parents(s) or guardian will be notified at the time of any infraction following one verbal warning. (Your signature must appear below in order to participate in St. Timothy's Religious Education Program.)

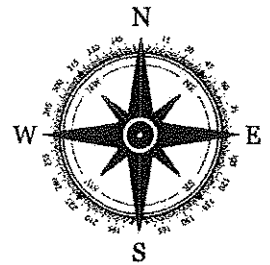
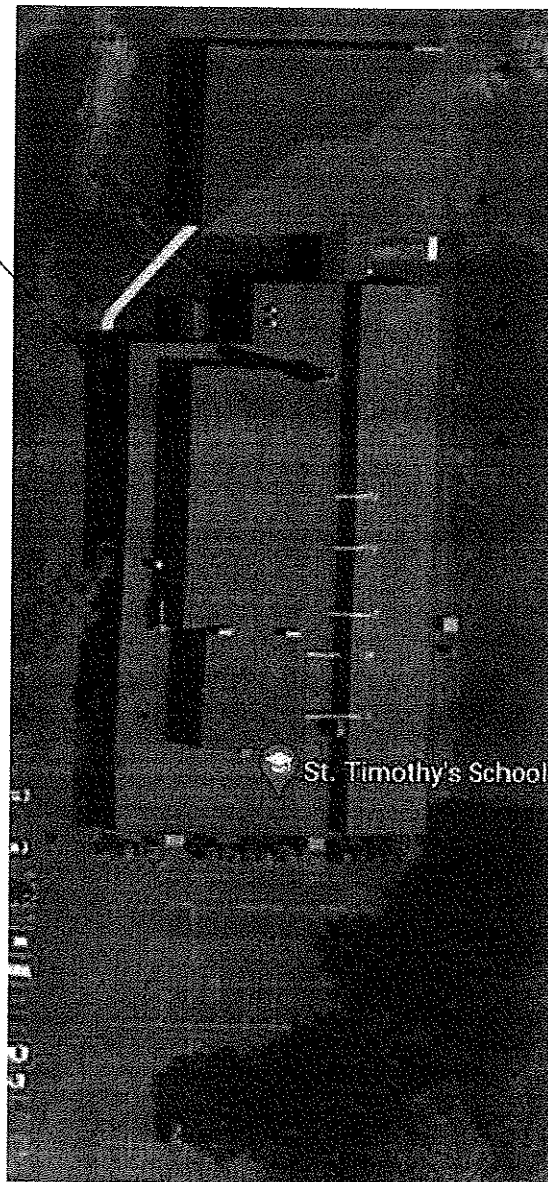
Signature: _____ Date: _____

8th Grade Entrance (N)

10th Grade Entrance (K + L)

9th Grade Entrance (I)

7th Grade Entrance (H)



Student published information includes, but is not limited to, photos and names of students who have received awards and participated in classroom and co-curricular activities. These may be published in local newspapers; website for St. Timothy's Catholic Church and appears internally within the church on bulletin boards and other recognition showcases. If you do not want your child's name or photo to be used for these purposes, please contact Karrie Walton at 320-963-3726 or at kw Walton@churchofsttimothy.org.

Pledge of Commitment

Understanding that I am still in the decision-making process about whether or not to celebrate the Sacrament of Confirmation, I do choose to commit myself to the confirmation program. In doing so:

- I promise to attend each session and participate in the activities, discussions, and assignments.
- I promise to attend Mass on Sundays and holy days.
- I promise to participate in the worship, service and social events of my parish.
- I promise to pray daily for the guidance of the Holy Spirit in my preparation for confirmation.
- I promise to develop my personal morality based on the will of God expressed through the teachings of the church, the scriptures and the commandments and to celebrate frequently the sacrament of reconciliation.
- I promise to use my talents in the service of others, especially as outlined by the service requirements of the program.
- I promise to attend and participate in the confirmation retreat.
- I promise to meet regularly with my adult mentor.

Candidate's Signature

Parent's Signature

Date

CONFIRMATION PROGRAM REGISTRATION FORM

Candidate's Name: _____

Birth Date: _____

School: _____

Grade: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone/Cell Number: _____

Parent's Name(s): _____

Baptism: _____

Church

Date

First Eucharist: _____

Church

Date

First Reconciliation: _____

Church

Date