

Office of Family Faith Formation St. Robert Bellarmine Church
STUDENT REGISTRATION/CONTACT INFORMATION FORM
2022-2023

Date _____

Student _____
Last First Middle name

Date of Birth _____ Place of Birth _____ Last year completed in a program _____

Address _____
Street City State Zip

Student resides with: _____ both parents _____ mother _____ father _____ other

Father's Name _____

Mother's Name _____
Maiden name _____

Home phone _____
Cell (Mom) _____ Cell (Dad) _____

Email for all parents/guardians _____

Siblings in Program, Name(s) and grade(s)

Emergency Contact (not parent) _____
Phone _____ Cell _____

Baptism: Yes ___ No ___ Where _____ Date _____
(If child was not baptized at St. Robert Bellarmine, a copy of the certificate must accompany registration if new to the program)

First Communion: Yes ___ No ___ Where _____ Date _____

School and Grade child attends _____

Please list any medications, allergies, conditions, or special needs your child may have:

I am a registered parishioner of St. Robert Bellarmine Church _____ Yes _____ No Parish # _____

My child was registered in the program last year _____ Yes _____ No

Signature _____ Date _____

Please submit the registration by August 8, 2022 with the required fee of \$30.00 per child. This fee is to cover the cost of the materials and administration of the program.

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PERMISSION TO PHOTOGRAPH/VIDEO

Photographs/videos of the children may occasionally be taken during Faith Formation classes or church sponsored events when the youth are on site from time to time. These photos/videos would be used for a class project or display; they may be selected for use in a parish publication (including social media) or included on the photo gallery of our parish website. No names will ever be used to identify specific children unless specifically allowed by the parent/guardian.

_____ Yes, I grant permission for my child's photograph to be taken in accordance with the terms indicated above.

_____ No, please do not photograph my child and I will inform my child not to participate in photographs.

_____ Yes, I grant permission for my child's name to be published in accordance with the terms indicated above.

_____ No, please do not publish my child's name.

Parent/Guardian Signature _____

Print Parent/Guardian Name _____

Date _____

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Circle of Grace

“Circle of Grace” is meant to give our children and young people essential knowledge and skills for protection grounded in the richness of our faith. The Circle of Grace program is supported by Bishop Tobin and the Diocese of Providence. As the parents and legal guardians of the children and young people who participate in our Faith Formation program you may choose to not have your children participate in this program or participate in the program. Please review the following material and indicate if you choose to opt out or opt in to this part of the program. If you opt out you will be provided with materials to discuss this with your child at home.

Circle of Grace Children’s Training Program



Circle of Grace Program Goal

The goal of the Circle of Grace program is to educate and empower children and young people to actively participate in a safe environment for themselves and others.

Circle of Grace Objectives

Children/young people will understand they are created by God the Father and live in His love along with the love of His Son Jesus and the Holy Spirit.

- God is “present” in everyone’s Circle of Grace.

Children/young people will be able to describe the Circle of Grace which God gives each of us.

- God is “present” because He desires a relationship with us.

Children/young people will be able to identify and maintain appropriate physical, emotional, spiritual and sexual boundaries.

- God helps us know what belongs in our Circle of Grace.

Children/young people will be able to identify all types of boundary violations.

- God helps us know what does not belong in our Circle of Grace

Children/young people will demonstrate how to take action if any boundary is threatened or violated.

- God helps us know when to ask for help from someone who we trust.

_____My child/children may participate in the Circle of Grace program.

_____My child/children may not participate in the Circle of Grace program.

Parent/Guardian signature_____ Print name_____