

For Office Use Only:
 Date Registered: _____
 Amount Paid: _____
 Check #: _____
 Parishioner #: _____



Holy Apostles Catholic Church
 4925 North Carefree Circle Colorado Springs, CO 80917
 (719) 597-4249 | www.holyapostlescc.org

Registration Fee: \$100 (For first child)
 \$40 per additional child
 \$210 – 4 or more children

Sacramental Prep. Fee: \$70/child

Family Faith Formation Registration

Parent Information

	Last	First	Maiden Name	Phone	Email
Father's Name					
Mother's Name					
Home Address:					

If someone other than the parent(s) of the child(ren) are going to bring them to Faith Formation (e.g., grandparents) please provide contact information below.
 Please provide the parents' contact information.

Last Name	First Name	Relation	Phone	Email

Child (K-12th Grade) Information

Last name (if different)	M.I	First Name	Grade 23-24	DOB M/D/Y	Sacraments Received (Check all that apply)			Sacrament Preparation Needed this Year* (Circle one per child)
					Bapt.	Euch.	Confirm.	
								Reconciliation & Eucharist Confirmation
								Reconciliation & Eucharist Confirmation
								Reconciliation & Eucharist Confirmation
								Reconciliation & Eucharist Confirmation

*There are additional classes/retreats for all Sacramental Preparation.

**For all Sacramental Preparation please attach a copy of the child's Birth and Baptismal Certificate.

Faith Formation Activity Release 2023-2024

For those 18 years of age or older, all parents, and all guardians:

I consent for any of my children listed below to participate in any activity or trip sponsored by the Diocese of Colorado Springs or its related organizations* (collectively, "the Diocese"). In case of emergency medical need, I authorize the Diocese to arrange for medical or dental services for me and any of my children listed below. I agree that any such expense will be my obligation.

I, individually, and in my capacities as parent or guardian of my children:

waive, release, and indemnify the Diocese and its agents, directors, officers, employees, and volunteers (collectively, the "Released Parties") from all claims or liability which have arisen or may arise from any Diocesan activity or trip and which involves any damage, loss, or injury to me, my spouse, any of my children, my property, or the property of any of my children. In the same capacities, I promise not to sue any of the Released Parties for any such claims or liability. This waiver, release, indemnification, and promise not to sue does not apply to claims of criminal conduct or gross negligence.

This Activity Release is revocable prospectively only by a writing signed by me which bears the date that the revocation is delivered to the Diocese.

Date

Signature

Date

Signature

Work phone: _____

Mobile phone: _____

Emergency Contact: _____ Phone: _____

Special considerations or needs (allergies, asthma, etc.): _____

** "Related Organizations" includes all Diocesan parishes, missions, schools, ministries, and Catholic Charities of Central Colorado and Partners in Housing, Inc.*

Media Release

I, the undersigned, do____, do not____ consent that the photographs, artwork, writing or videos in which my children, as shown on the top of this form, appear may be used by Holy Apostles Catholic Church and the Diocese of Colorado Springs in whatever way they desire, including television, website, CD-ROM, and any other form for the storage, retrieval, and reproduction of information/images. Furthermore, I hereby consent that such information, photographs, videos, tapes, disks, etc. from which they are made shall be the property of Holy Apostles Catholic Church and the Diocese of Colorado Springs. They shall have the right to sell, duplicate, reproduce and make other uses of such information, photographs, videos, disks, recordings, etc., as they may desire, free and clear of any claim whatsoever on my part.

Parent Printed Name

Parent Signature

Date