



Generations of Faith Registration  
2016-2017

# The Creed and Catholic Beliefs

**Household:**

**Last Name:** \_\_\_\_\_ **Parent/s:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**E-Mail:** \_\_\_\_\_

**To register for Flocknotes, to receive email/txt messages from the parish, please visit [flocknote.com/saintmaryofthevalley](http://flocknote.com/saintmaryofthevalley), or text 'Discipleship' to 84576 from your phone and follow the instructions. There is no charge for this service, but carrier message and data rates may apply.**

**In case of an emergency, call:** \_\_\_\_\_

(Other than household member)

Name

Phone

**Please list ALL members of your family who might attend any of our faith formation gatherings, regardless of age.**

**Levels: Adult (35 yrs. +),  
 Young Adult (19-34 yrs.), Sr. Youth (9- 12<sup>th</sup> grade),  
 Jr. Youth (6-8<sup>th</sup> grade), Elementary, (1-5<sup>th</sup> grade)  
 Pre-K (4-5 yrs.), Child care**

**Participants:**

<b>Name</b>	<b>Level</b>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

*Don't forget....please complete all pages of this form!*

- **Please indicate if you have a family member to register for Baptism:**

**Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

- **Please indicate if you have a family member to register in the First Sacraments (First Reconciliation/Communion/) Preparation Program. First Sacraments requires two years of preparation:**

**Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

- **Please indicate if you have a family member to register in the two year Confirmation Preparation. Confirmation requires two years of preparation:**

**Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

- **Please indicate if you have a family member to register for Rite of Christian Initiation for Adults (RCIA):**

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

- **Please indicate if you have family members to register for any of the study groups, i.e. Bible Study, Men's Study group, etc:**

**Name:** \_\_\_\_\_ **Level:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Level:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Level:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Level:** \_\_\_\_\_

**Does anyone in your household have special needs of which we should be aware?**

**No      Yes      If yes, please describe:**

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**Common allergens will be served during Generations of Faith.**

**Does anyone in your household have food allergies?**

**No      Yes      If yes, please describe:**

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**Volunteers!**

**We are all blessed with different gifts. Do you have a special talent you would like to share with the parish?**

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**Our Generations gatherings are dependent on support from a wide variety of volunteers. Prayerfully consider where your areas of interest could enrich the experience for all of us.**

**Design Team\_\_\_    Publicity\_\_\_    Jr. Youth Catechist\_\_\_    Sr. Youth Catechist\_\_\_**

**Pre-K Catechist\_\_\_    Elementary Catechist\_\_\_    Catechist Aide\_\_\_    Mstr. of Ceremony\_\_\_**

**Prayer Leader\_\_\_    Music\_\_\_    Meal Prep\_\_\_    Meal Server\_\_\_    Table Set-up\_\_\_    Clean-up\_\_\_**

**Guest Speaker\_\_\_-Name your topic\_\_\_\_\_**