Catechesis classes for the school year of 2021-2022

Requirements demanded by the diocese for Catechesis:

RICA: Rite of Christian initiation of Children

It is aimed at children who have not received the sacraments (baptism, first communion or confirmation). Or it is also aimed at children who want to convert to the Catholic Religion.

Classes begin in August and receive the sacraments of baptism in December.

- Must complete two years of catechism
- Copy of birth certificate
- Copy of the certificate of baptism
- Be registered in the parish
- Cost \$80.00 first year
- Hours: 8:50 AM-9:50 AM Sunday- Mandatory to attend Sunday mass

If the sponsor is not a member of Blessed Sacrament, you must obtain a certificate signed by a priest from his parish before.



Blessed Sacrament Catholic Church

7001 12th Avenue South,

Tampa, FL 33619

Phone (813) 626-2984 Fax (813) 626-2842

www.BlessedSacramentCatholic.org



REGISTRATION FORM

	School Grade:				
		Religious Ed. Grade:			
Student's Name:			Gender F() M()		
LAST					
Date of Birth:	Age:	Place of Birth:			
Shirt Sizes	Pants Sizes	Sho	es Sizes		
Home Address:					
Mother's Cell:					
Email Address: Mother:		Father:			
Parents are () Married (Chu	rch or Civil) () Divorce	ed () Separated () Sin	gle		
Child lives with () Mom	() Dad () Both				
Father's Name:		Catholic? Yes	() No ()		
Occupation:		Where:			
Mother's Name:		Cathol	ic? Yes () No ()		
Occupation:		_ Where:			
Emergency Contact:	Phone	Relation	ship:		
SACRAMENTS DATE RECEIV	ED Name	of Church/Address			
Baptism:					
First Communion:					
Confirmation:					

Original copy of Sacrament certificates needs to be presented

	Name of Church/Address
Schedules: () English 8:30–9:45 am; () Spanish 10:30–11:45 am	
Registered in our Parish? No () Yes (Envelope #)	
Registration Fee: \$80.00 regular class; Sacramental Preparation: \$110.00	
MEDICAL RELEASE AND PARENT ACKNOWLEDGEN	IENT
STUDENT'S NAME:	
MEDICAL INFORMATION (ALLERGIES?):	
DOCTOR'S NAME/PHONE #:	
EMERGENCY CONTACT:	
NAME/RELATIONSHIP: CELL #:	
In the event of an emergency where the parent cannot be reached, the chi medical facility. I (We) authorize any representative of Blessed Sacrament C treatment for my child.	
PARENT/GUARDIAN SIGNATURE:	
PRINTED PARENT NAME: DATE:	
PERMISSION FOR PHOTO/DVD	
From time to time, publicity releases for parish bulletin, website, newspaper may be prepared about events occurring at the parish. These may or may no videotape of students. The releases may be prepared by Blessed Sacrament tive.	t be accompanied by photos or
I do do not give permission for my child/children to be included in su	ch publicity releases.
PARENT/GUARDIAN SIGNATURE:	
PRINTED PARENT NAME: DATE:	:
This consent is renewed at the beginning of each Religious Education/Faith Fo	rmation year.
This consent may be revoked in writing.	

Previous Religious Education: No () Yes ______

BLESSED SACRAMENT CATHOLIC CHURCH Parent/Student Parish Faith Formation Policy Acknowledgement Form ACKNOWLEDGEMENT

I acknowledge that I have received, read, understand and my child/children agree to abide by the Policies contained in the Parent/Student Faith Formation Handbook including the local Parish program policies and Procedures, the Harassment Policy in Non-Employment Situations and the Safe-Environment Policies of the Diocese of St. Petersburg.

Please check all that apply and sign/print/date as appropriate in the spaces provided. My Child/Children and I will attend the Parent/Student Safe Environment Education program sessions as scheduled—Student sessions within the regular program class time—Parent sessions as indicated on the Faith Formation/Parish Calendar I cannot attend the Parent Safe Environment Education Program, but I wish to receive all additional (beyond handbook policies) materials related to the Safe Environment Parent/Student Education Program I do not wish to receive the materials (beyond handbook policies) related to the Safe Environment Parent/Student Education Program (Signature) Parent/Guardian (Name Printed) Parent/Guardian Signature(s) Student(s) Student Name(s) Printed Blessed Sacrament Church Name of Parish Date

Initiation Questionnaire - Children

Parent Interview

- 1	Date of Interview:		8	
Ľ	Interviewed by:		2	
Pa	arent(s) Name(s):			
	ddress:			
Ci	ty:	State:	Zip:	
Ph	none (daytime):	Phone (evening):		
	Child's Name:		Age:	Grade:
	1.		·	
	2.			
	3.			
Ch	eck all that pertain:			
	☐ Are you single?	☐ Are you divorc	ed and unmarr	ied?
	☐ Are you married?	☐ Have you been	married only	once?
	☐ Were you married by a priest?	☐ Were you marri	ed civilly / and	other denomination?
	☐ Are you divorced?	☐ Are you presen	tly separated?	
	☐ Are you divorced and remarrie	d? 🗖 Have you ever	filed for a mar	riage annulment?
	Other information:			
	-			
Lis	at names of family members. Give rela	tionship. Indicate who	is Catholic?	Who is not?

Christian Initiation Information:

 Is your child baptized?
• If yes, were they baptized Catholic?
Where? (church, city, state):
• If yes, were they baptized in another Christian faith? ☐ Yes ☐ No
Where? (Denomination, city, state):
2. Are you (the parents) baptized?
If yes, were you baptized Catholic? ☐ Yes ☐ No
Where? (church, city, state):
If yes, were you baptized in another Christian faith? ☐ Yes ☐ No
Where? (Denomination, city, state):
3. Why are you seeking sacramental initiation of your child at this time?
4. Has your child received his/her First Communion in the Catholic Church? Yes
Where? (church, city, state):
5. Are you registered in this parish? Yes No
If no, how did you come to know about our parish?
Speak about the experience of God/Religion up to this point in your life. Where did you learn about God? What is your family's involvement in religion?
If you are Roman Catholic, what were the reasons for delaying the sacraments for your child?
Do you attend Mass with your child frequently?
If you are Roman Catholic, do you receive communion when you come to Mass?
Are there any questions that you would like to have answered for you at this time?

BLESSED SACRAMENT - TAMPA

GENERAL INFORMATION FOR THE CATECHUMENATE

lame	Age Date of Birth (M/D/Y)
Place of Birth (City/State/Country)	Home phone
Address	Place of work Work phone
City State Zip Code	
ather's full name	Religion
Mother's full name	Religion
Have you ever been baptized Yes N	lo Where?(Church, City, State)
f so, how old were you ?	What religion ?
Please check the following:	
I am not married	I have never been married
I am married.	I have never been married only once.
I was married before.	I am presently separated.
I am divorced but not remarried	I am divorced and remarried.
If married, was spouse baptized ?	What faith ?
Other information	
YOU NEED TO THINK OF SPONS WHEN YOU CHOOSE THEM.	SOR AND GODPARENTS AND TELL US
	AND AND THE PROPERTY OF THE PARTY OF THE PAR
Please list the names of your family: hush	band, wife, sons, daughters, brothers, sisters, or other.
Do you wish to be a member of	Parish community ? Yes No No
* *	

If there is interest, continue with the second page.

BLESSED SACRAMENT - TAMPA

GENERAL INFORMATION FOR THE CATECHUMENATE

PARTE II

Name :	Date :	
(If baptized) What meaning does your bap	ism have for you?	
Talk about your experience of God and reli learn about God? And/or what was your far		d/or where did you
Have you participated in another Church?	low often?	
What is the source of your interest in the C	atholic Church? When did your firs	st become interested?
Do you have any friends who are Catholic	2500年3 · 11	
Do you have any friends/ relatives here at	Consult 3	Parish? If so, who?
What are your general impressions of the	Catholic Church?	
Are there any questions that your would lik	e to have answered for you at this	time ?
How much time are you willing to invest at people in the community?	this time in learning more and in g	getting to know more
Other information :		\$
	ring granding straight at the	ran en a la companya de la companya