

RISEN SAVIOR CATHOLIC CHURCH YOUTH FAITH FORMATION

7701 Wyoming Blvd NE; Albuquerque, NM 87109 • 505-821-1571 • www.risensaviorcc.org

2026-2027 Middle School & High School Faith Formation Registration, Grades 6th - 12th

Circle One: *Middle School*

Planted in Christ

6th-8th Grade

*Wednesday Evenings
And scheduled activities*

High School

Growing in Christ

9th-12th Grade

*Wednesday Evenings
And scheduled activities*

Confirmation Prep

9th-12th Grade

Includes Growing in Christ
*Scheduled Sundays
Wednesday Evenings*

*Confirmation**

9th-12th Grade

Includes Growing in Christ
*Scheduled Sundays
Wednesdays Evenings*

☐ My teen needs to receive Baptism, and or First Reconciliation/First Eucharist.

** Must have completed ONE YEAR of prep*

*The non-refundable, non-transferable fee of \$30.00 must be paid, in order to reserve space in class. *There is no fee for teens that have been Confirmed.*

Youth's Full Name: _____ Age: _____ Gender: _____ Birthdate: _____

Youth's Cell Phone: _____ School: _____ Grade Entering Fall 2026: _____

Youth's Email: _____ Special Needs: _____

I am a registered parishioner at: _____

Parent(s)/Guardian(s) Full Name(s): _____

Full Address: _____ Primary Phone: _____

Cell Phone(s): _____ Email(s): _____

Child lives with (circle one): Father and Mother / Father / Mother / Legal Guardian

Other Guardian's Name (not listed above): _____

Full Address: _____ Primary Phone: _____

Cell Phone: _____ Email: _____

Siblings who also attend Risen Savior Faith Formation. Please include name(s) and grade:

Sacramental Information:

Date

Parish

City/ST

Zip Code

Baptism: _____

1st Reconciliation: _____

1st Eucharist: _____

Confirmation: _____

Please submit the following:

1. Completed registration form (both sides).

2. Payment: Cash, Check or Online

Please make checks payable to: Risen Savior

3. Confirmation Prep: Baptismal Certificate

(copy will need to be kept on file at RS)

If Baptized at Risen Savior, only date must be provided: _____

Office Use Only: Date Received: _____

Staff Initials: _____ Baptism Cert. Received: _____

☐ Permission from Pastor, if from another Parish.

☐ \$30 Fee Paid ☐ Cash ☐ Check # _____ ☐ Online

Parent or Guardian's Signature _____ Date: _____

Parent/Guardian Permission Slip Medical Questionnaire /Medical Authorization/Indemnity Agreement

Sponsor of Program/Activity: Risen Savior Catholic Church
Program/Activity Middle School & High School Faith Formation
Date of Program/Activity: Fall 2026-Summer 2027
Place of Program/Activity: Risen Savior Catholic Church and All Off-Site Events/Activities

The undersigned, as parent or legal guardian of _____, does hereby give permission for the above named individual to attend the described program/activity. As parent and/or legal guardian of the above named individual, I remain legally responsible for any personal actions taken by the above named minor ("participant").

I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend Risen Savior Catholic Community, its officers, directors, employees and agents, and the Archdiocese of Santa Fe, its employees and agents, chaperones, or representatives associated with the event, from any claim arising from or in connection with my child attending the event or in connection with any illness or injury (including death) or cost of medical treatment in connection therewith, and I agree to compensate the parish, its officers, directors and agents, and the Archdiocese of Santa Fe, its employees and agents and chaperones, or representative associated with the event for reasonable attorneys' fees and expenses which may incur in any action brought against them as a result of such injury or damage, unless such claim arises from the negligence of the parish or the Archdiocese of Santa Fe.

It is possible that at times leadership team members may take photographs or videos of events in which your child may be participating. By signing this you acknowledge that your child may be photographed during the course of their participation and those photographs may be used/published for church purposes.

I hereby authorize the Supervisor of the activity or his/her designee to act in my behalf to authorize such medical attention, surgery, or other health care services, as may be recommended in an emergency situation while participating in the activity. If the below named physician cannot be reached, I hereby authorize any licensed physician or medical center to treat my child.

Medical Questionnaire

Parent/Guardian Name(s): _____

Parent/Guardian Phone: _____
Home Work Cell

In case of an emergency, a parent/guardian is contacted first. If unable to reach parent/guardian, please contact:

First ~ Name: _____ Phone: _____ Relationship: _____

Second ~ Name: _____ Phone: _____ Relationship: _____

Name of Physician _____ Phone _____ Hospital Preference: _____

Does your child have any physical, mental, or emotional concerns that we need to be aware of? If yes, explain.

Is your child allergic to any food or medicines? No _____ Yes _____ If yes, what: _____

Does this child have any special needs? No _____ Yes _____ If yes, what: _____

Does this child have difficulties with any of the following? (If so, please explain):

☐ Asthma ☐ ADD ☐ Autism ☐ Hyperactivity ☐ Eyesight ☐ Reading ☐ Writing ☐ Speaking ☐ Hearing

☐ Other notes: _____

I have read and completed the above information and certify that I have disclosed all medical information regarding my child and agree to all statements.

Signature _____ Date _____

Parent/Guardian