

EPIPHANY CATHEDRAL PARISH



EPIPHANY YOUTH
HEART & HANDS OF CHRIST

FAITH FORMATION
REGISTRATION PACKET
2025 – 2026



STEWARDSHIP AS OUR WAY OF LIFE
HOSPITALITY · PRAYER · FORMATION · SERVICE

RELIGIOUS EDUCATION AGREEMENT

Please complete this for all students registering with any Religious Education program. This includes Faith Formation and Sacramental Preparation (First Communion and Confirmation)

Parent Name / Guardian: _____

Address: _____

City: _____ Zip _____ Phone _____

Students Registering with Grade Level:

1. _____
2. _____
3. _____
4. _____
5. _____

By signing this form, we commit to attending:

- Mass every Sunday
- Faith Formation / Sacramental Prep Classes on Sunday (Grades K – 12)
- Family Advent and Lenten Retreats (Grades K – 12)
- Quarterly Faith Enrichment Speaker Events (Parents)

Please report absences to the Religious Education Office. See details on the number of absences allowed and procedures.

Signature

Date



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PARENT PARTNERSHIP FORM

The role of parents is essential to the catechesis of our youth. Overwhelming research says that parents practicing their faith is the number one factor and most important influence that will determine if a child has or practices their Catholic faith.

This includes:

- Living your faith at home
- Celebrating the sacraments
- Engaging in your child's faith by asking questions to foster dialogue

Parent Name: _____

Child Name(s): _____

Phone: _____ Email: _____

Circle all areas of interest, strengths, or skills for your engagement in our Faith Formation programs. Everyone has talents to contribute to the faith of our young people. We cannot do this without you.

Art & Environment

Chaperone

Core Team

Meals

Music & Liturgy

Organizational Help

Prayer Support

Service Projects

Other:



Faith Formation and Sacramental Preparation Registration Form

This registration form is for Faith Formation (Grades K-8), First Communion, & Confirmation (Grades 9-12) groups. It is our expectation that students will attend each week with minimal absences.

Class Day/ Time: Sunday 10am-11am

Parent / Guardian (Primary Contact)

Full Name _____
Cell Phone _____ Religion _____
Email _____

Parent / Guardian (Secondary Contact)

Full Name _____
Cell Phone _____ Religion _____
Email _____

Address

City/State/Zip _____

#1 Student Info

Full Name _____
Date of Birth _____
School/Grade _____
Attend Last Year _____
Sacraments
Received: _____ Baptism _____ First Communion _____ Confirmation
Received here Yes No (If not, please provide Sacramental Certificates) _____



Faith Formation and Sacramental Preparation Registration Form

#2 Student Info

Full Name _____
Date of Birth _____
School/Grade _____
Attend Last Year _____
Sacraments Received: _____ Baptism _____ First Communion _____ Confirmation
Received here Yes No (If not, please provide Sacramental Certificates) _____

#3 Student Info

Full Name _____
Date of Birth _____
School/Grade _____
Attend Last Year _____
Sacraments Received: _____ Baptism _____ First Communion _____ Confirmation
Received here Yes No (If not, please provide Sacramental Certificates) _____

Registration Information

Registered Family \$50 for 1 student / \$75 for 2 students or more _____
Non-Registered \$75 / teen _____

No family is ever turned away because of money. Please let us know how we can best support your family. Please return this form to Religious Education Office

310 Sarasota St. ■ Venice, FL 34285 ■ 941-484-3505 ext. 1105 ■ FAX 941-488-9333

E-mail: ross@epiphanycathedral.org



DIOCESE OF VENICE IN FLORIDA

AUTHORIZATION FOR RELEASE AND USE OF IMAGE IN PHOTO, VIDEO FILES OR OTHER MEDIA

Name of Participant: _____ DOB: _____

School/Parish/Diocesan Entity: _____

I, the undersigned adult participant or parent/legal guardian of the above named minor participant hereby grant to the above named School/Parish/Diocesan Entity the following irrevocable rights:

1. To use the name, photograph, picture, portrait, voice, appearance, likeness, performance (hereinafter collectively known as "image") of the above named participant in connection with its educational, promotional, fund-raising activities, or for any other legitimate purpose;
2. The right to use, reproduce, publish, exhibit, distribute, and transmit the image of the above named participant individually or in conjunction with other images or printed matter in the production of brochures, slides, motion pictures, broadcasts (radio and television), audio or video files, recordings, still photography, CD-Rom and any other manner of media now known or later developed;
3. The right to use, reproduce, publish, exhibit, distribute, and transmit the image of the above named participant individually or in conjunction with other images or printed matter on the School/Parish/Diocesan's entity Internet web site. No personal information such as home address or phone numbers will be published;
4. The right to record, reproduce, amplify, edit, and simulate the above named participant's image and all sound effects produced; and
5. The right to copyright, in its own name, works that contain the image of above named participant; and
6. The right to assign the above-mentioned rights to third parties.

I understand that the video files, still photos, or other media incorporating the image the above named participant will become the property of the School/Parish/Diocesan Entity. I hereby waive the right to inspect or approve the image or any finished materials that incorporate said image.

I understand and agree that no compensation will be provided, now or in the future, in connection with the use of the above named participant's image, and nothing herein will create any obligation on the part of School/Parish/Diocesan Entity to make use of the rights or materials set forth herein.

I hereby release and forever discharge Frank J. Dewane, as Bishop of the Diocese of Venice, his successors in office, a corporation sole, _____ Catholic School/Parish/Diocesan Entity, their agents, employees and assigns from any and all claims demand, rights, and causes of action of whatever kind that may arise from the use of above named participant's image, including all claims for libel and invasion of privacy.

I hereby certify that I am the above named participant or the parent/legal guardian of the above referenced minor, and I give my consent, without reservation, to the above agreement on behalf of myself or said minor. This agreement shall be valid for a period of four years from the date hereof, unless revoked in writing.

Adult Participant or Parent/Guardian Signature

Date

Address

Phone Number



DIOCESE OF VENICE IN FLORIDA

MEDICAL AUTHORIZATION FOR MINOR

NAME OF MINOR: _____ D.O.B. _____

PARISH/SCHOOL: _____

HOME ADDRESS: _____

PARENTS/GUARDIANS: _____ / _____

PHONE #s: CELL: _____ HOME: _____

WORK: _____

EMERGENCY CONTACT: _____

PHONE: _____

MEDICAL INFORMATION: Please list all pertinent medical information (for example, allergies, medications, physical impairments, or any other information necessary in an emergency situation). Explain fully:

In case of illness or injury of the above student, reasonable effort will be made to contact the parent(s)/legal guardian(s)/emergency contact. In case of a medical emergency, 911 will be called. In the event that the parents/ legal guardian(s)/emergency contact cannot be notified or are not available, I (we) authorize parish, school, or other pertinent diocesan officials to consent to any x-ray examination, anesthetic, medical or surgical treatment, and/or hospital care, as determined to be necessary and appropriate by a licensed physician in the State of Florida. This authorization is valid for a period of 1 year from the date of execution.

Signature of Parent or Legal Guardian

Signature of Parent or Legal Guardian

Date: _____

