

March 2024

Dear Most Sacred Heart of Jesus Parish Family,

Thank you for entrusting your child(ren)'s religious education to the Most Sacred Heart of Jesus Parish Faith Formation program. Families may select from multiple Faith Formation (CCD) options. **Please note that once classes begin, it becomes more difficult (and may not be possible) to switch between options.**

You may select from Traditional Faith Formation (offered in SMM's Dompka Building), Home-school Faith Formation option (non-sacrament years), or Family Faith Formation (one Sunday/month at SJ School). All three options strive to offer families additional resources to help you grow together in your faith. Regular Mass attendance is expected in all programs and our Family Faith Formation Program is scheduled around this expectation.

Incorporated into the curriculum, both the traditional and homeschool programs will have three family events during the school year that all enrolled families are expected to attend. The calendar distributed in September will include the location and timing of these events.

The Family Faith Formation option strives to better support parents as the primary educator of their children in the faith. Once a month, students complete a lesson with a catechist in their classroom at the St. Joseph School, while parents attend a session providing opportunities to learn together. You will also be given resources to help you teach two additional faith lessons at home each month.

**Registration opens on April 21<sup>st</sup>** (Registrations may be dropped off on the 21<sup>st</sup> at St. Joseph school from 8-10 am). Students will be placed in classes on a *registration* first returned, first placed basis. **Any registrations returned before April 21<sup>st</sup> will be processed in random order on April 22<sup>nd</sup>.**

Classes fill up very fast (often within days), so if a certain program or class time is needed, please return your form by April 21<sup>st</sup>. You are encouraged to register prior to June 15<sup>th</sup>. This allows us ample time to assess and fill program needs for the upcoming year.

I look forward to serving your family and am happy to answer any questions.

Sincerely,

*Kathleen Petley*

Director of Faith Formation

Most Sacred Heart of Jesus Parish

412-264-9368

yffca@mshj.org

## 2024-2025 Most Sacred Heart of Jesus Registration Form

Please complete the class section below selecting from these Faith Formation Options:

**Family Faith Formation:** Grades K-8 Parent(s) and Students attend  
 Location -St. Joseph School 2<sup>nd</sup> Sunday of each month (usually) 8:30-9:45 am

**Traditional Faith Formation:** Grades 1-7 Mondays 4:15-5:30 pm  
 Location - Dompka Building Grades 1-7 Mondays 6:15-7:30 pm  
 Grades 1-7 includes 3 family events Grades 1-7 Tuesdays 4:15-5:30 pm  
 Grade 8 Wednesdays 7-8:30 pm  
 GIFT Wednesdays 5-5:45 pm  
 (For students with Special Learning Needs)

**Homeschool:** Grades 1, 3, 4, 5, 6, 7 Weekly e-assessments completed  
 Includes three Family events

Student Name and Grade:	First Choice Day and Time:	Second Choice Day and Time: (must include)

Please make your selections above and return this registration form to:

Most Sacred Heart of Jesus Parish - Faith Formation (make checks payable to same)  
 One Parish Place, Moon Township, PA 15108

**Materials Fee** ([scholarships are available](#) for financial need)

**1<sup>st</sup> child** - \$60.00      **Each additional child**—\$30.00

Have you returned the following forms? \_\_\_\_\_ This registration cover form  
 \_\_\_\_\_ Registration personal information form (with updates ie: health information, phone, email  
 \_\_\_\_\_ Photo Authorization \_\_\_\_\_ Volunteer Form (optional)  
 \_\_\_\_\_ Payment

**If child is new to program or baptism information is not listed on personal information form, please include**

\_\_\_\_\_ Baptism Certificate (copy of original)      **or**  
 \_\_\_\_\_ Verification requested for children baptized in the Pgh Diocese— **must provide:**

Church of Baptism \_\_\_\_\_ Date of Baptism \_\_\_\_\_

Father name: \_\_\_\_\_ Mother name : \_\_\_\_\_ Maiden : \_\_\_\_\_

**Most Sacred Heart of Jesus Parish  
Personal Information Form 2024 - 2025**

**Student's Name:**

<b>Family Name:</b>	_____ <b>Head of Household:</b> _____ <b>Spouse:</b> _____ <b>Last Name:</b> _____ <b>Last Name:</b> _____ <b>First Name:</b> _____ <b>First Name:</b> _____ * I have attached legal documentation regarding custody circumstances:    Yes    N/A										
<b>Family Info:</b>	<b>Registered Member MSHJ:</b> _____ <b>Family Status:</b> <u>Married / Divorced / Widowed /</u> _____ <b>Street Address Line 1:</b> _____ <b>Street Address Line 2:</b> _____ <b>Street City/State:</b> _____ <b>Street Zip:</b> _____ <table style="width:100%; border-collapse: collapse;"> <tr> <th style="width:40%; text-align: left;">Phone Number</th> <th style="width:60%; text-align: left;">Description</th> </tr> <tr> <td>_____</td> <td>HmPh _____</td> </tr> <tr> <td>_____</td> <td>Cell _____</td> </tr> <tr> <td>_____</td> <td>Home/Office/Cell/Other _____</td> </tr> <tr> <td>_____</td> <td>Home/Office/Cell/Other _____</td> </tr> </table> <b>Email:</b> _____	Phone Number	Description	_____	HmPh _____	_____	Cell _____	_____	Home/Office/Cell/Other _____	_____	Home/Office/Cell/Other _____
Phone Number	Description										
_____	HmPh _____										
_____	Cell _____										
_____	Home/Office/Cell/Other _____										
_____	Home/Office/Cell/Other _____										
<b>Parent/ Guardian Info.:</b>	<b>Name:</b> _____ <b>Relationship:</b> _____ <b>Marital Status:</b> _____  <b>Name:</b> _____ <b>Relationship:</b> _____ <b>Marital Status:</b> _____										
<b>Siblings in or joining Formation:</b>	_____										
<b>Student Name:</b>	_____										
<b>Personal:</b>	<b>Relationship:</b> _____ <b>Gender:</b> _____ <b>Grade (9/24):</b> _____ <b>Birthdate:</b> _____  <input type="checkbox"/> Does your child have health concerns? (Specify) _____ <input type="checkbox"/> Does your child have learning needs? (Specify) _____ Please provide a copy of IEP if applicable.										
<b>Student's Sacraments:</b>	<b>Student's Father's Name:</b> _____ <b>Student's Mother's Name:</b> _____ <b>Mother's Maiden Name:</b> _____  <b>Baptism:</b> <b>Date:</b> _____ <b>Church Name:</b> _____  <b>1st Comm:</b> <b>Date:</b> _____ <b>Church Name:</b> _____										
<b>Emergency Contact Name/ Phone</b>	<b>Name:</b> _____ <b>Phones:</b> _____ _____										

## Most Sacred Heart of Jesus Parish

### St. Catherine of Siena

199 McGovern Blvd.  
Crescent, PA 15046  
(724) 457-7026

### St. Joseph

1304 Fourth Avenue  
Coraopolis, PA 15108  
(412) 264-6162

### St. Margaret Mary

One Parish Place  
Moon Township, PA 15108  
(412) 264-9368

### Projection/Bulletin Consent/Authorization

\_\_\_\_\_ Permission is hereby granted to Most Sacred Heart of Jesus Parish to use photographs, films/video, quotations, and/or voice recordings of:

\_\_\_\_\_ Permission is NOT granted to Most Sacred Heart of Jesus Parish to use photographs, films/video, quotations, and/or voice recordings of:

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Print name of student(s)

to assist in its worship and educational efforts on its projection screens in the church and in religious education, and on its Facebook/Youtube internet pages and in its church bulletin.

It is hereby stipulated that such use of said photographs, films/video, quotations, and/or voice recordings will not violate the rights of the named individual, his/her legal representatives, nor his/her respective heirs, and I do hereby indemnify and hold harmless any agents, servants, employees, and/or representative of Most Sacred Heart of Jesus Parish from any and all claims, demands, and/or causes of action of whatever kind or nature arising from the use of photographs, films/video, quotations, and/or voice recordings or their actions taken pursuant to this authority.

I further agree that I waive any right to compensation, fee, or royalty for myself, my successors, heirs, or assigns for the production or use of the aforesaid materials.

Further, it is hereby stipulated and agreed that Most Sacred Heart of Jesus Parish will not incur any liability for payment to any person or organization as a result of the stated use of the aforesaid photographs, films/video, quotations, and/or voice recordings or the named individual.

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Date

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Signature of parent/guardian if minor

*Share YOUR talents God gave you....*

*Please "X" any categories you are able to volunteer for:*

\_\_\_\_\_ Faith Formation Teacher

*Other than teachers, we are usually able to schedule our volunteers on a rotating basis so that your commitment is not every week.*

\_\_\_\_\_ Hall Monitors

\_\_\_\_\_ Substitute Teachers

\_\_\_\_\_ Receptionists

\_\_\_\_\_ Teacher's Aides

\_\_\_\_\_ 8th grade Parent Helpers

(Assist with chaperoning, driving, setting up for events and general needs)

Your Name: \_\_\_\_\_

Contact phone #: \_\_\_\_\_

Email: \_\_\_\_\_

Thank you in advance for helping us enrich our Faith Formation program. Many hands make light work! We will be in touch with you to get you started on any paperwork/clearances we will need prior to the start of the school year.