



Welcome to the 2025–2026 Faith Formation Year!

“Peace be with all of you” —Pope Leo XIV

We're excited to welcome your family for a new year of Faith Formation as we walk with your children in growing in *relationship* with Christ.

Classes begin **Wednesday, September 17, 2025**, meeting weekly from **6:45–8:00 PM**, for children Pre-K (age 4) through 12th grade.

Registration Details

- Cost: \$45 per child / \$15 per Sacrament Prep / \$100 max per family
- Registration Deadline: Sunday, August 31
- Find more details about the Sacrament program at www.cofsaints.org/faith-formation
- Please contact the office for financial assistance

Please submit all registration forms, waivers, and fees by Sunday, August 31st. Per Diocesan policy, students cannot attend until all paperwork is complete.

Our program depends on volunteers! Please consider helping as a classroom aide or for occasional events and substitutes. Whether you can commit regularly or just once in a while, your time and heart matter. No experience needed—just willingness and basic safety training!

Stay Connected. Class cancellations and schedule changes will be sent via Flocknote text messages. Please sign up with your preferred phone number when you register.

We're grateful to partner with you in forming your children in the Catholic faith. If you have any questions, please don't hesitate to reach out. We look forward to a faith-filled year together!

God Bless,

Father Michael McAndrew
Pastor, Circle of Saints
641-484-3039

Sydney Popelka
Director of Faith Formation
s.popelka@dbqarch.org

Sacraments of First Reconciliation & Communion

First Communion Masses

Sat, April 18, 2026 | St. Joseph

Sun, April 19, 2026 | St. Michael & St. Patrick

Children Must:

1. Be in 2nd grade or older
2. Have attended Faith Formation last year
3. Be enrolled in this year's Faith Formation classes

If your child was not baptized or was baptized in another faith tradition, please contact the Parish Office before preparation begins.

Important: A copy of your child's Baptism record must be submitted to the Church Office before the first class.

Sacrament of Confirmation

Confirmation Mass Date:

Will Be Announced in *August* by Archdiocese

Confirmation is the final Sacrament of Initiation, deepening our relationship with Christ and the Church through the Holy Spirit. We invite all those entering high school to begin preparation.

Important: To enroll in the Confirmation preparation program, Baptism, First Reconciliation, and First Communion records must be submitted to the Church Office before the first class.

Quinceañeras 2026

Registration is open through October 20.

To learn more, please contact Cynthia Guadiana.

Vea el otro lado para español.



FAITH FORMATION
CIRCLE OF SAINTS
CIRCULO DE SANTOS

SUNDAY, AUGUST 31

REGISTRATION AND PAYMENT ARE DUE TO THE PARISH OFFICE

CLASSES BEGIN

WEDNESDAY, SEPTEMBER 17, 2025

WEEKLY FROM 6:45-8:00 PM

\$45 PER CHILD REGISTRATION FEE
 \$15 PER CHILD SACRAMENT PREP FEE
 \$100 FAMILY MAXIMUM TOTAL

MAKE CHECKS PAYABLE TO

CIRCLE OF SAINTS CLUSTER
900 PARK ST, TAMA, IA 52339

FOR OFFICE USE

AMOUNT RECEIVED \$

- Cash
 Check

STAFF INITIALS

DATE

FAITH FORMATION SITE

SAINT PATRICK SAINT MICHAEL

SCHOOL ATTENDING

PREFERRED WAYS TO RECEIVE INFO?

Check All That Apply

- Text Message English
 Email Spanish
 Mail
 Church Bulletin
 Facebook

MEDIA RELEASE:

I understand The Circle of Saints parishes may post photos/videos that include me or my child. I release them from liability, acknowledge there is no compensation, and know I may request a photo be removed online.

CONSENT & LIABILITY WAIVER:

I am the parent/guardian of the child(ren) listed and give permission for them to participate in Faith Formation at Circle of Saints Cluster. I understand activities are supervised and accept legal responsibility for my child's actions. I agree to hold harmless the Circle of Saints Cluster and its representatives from any claims or injuries, except those due to negligence.

SIGNATURE

DATE

FAMILY NAME

FATHER'S FULL NAME

CELL PHONE NUMBER

Text Me Updates

MOTHER'S FULL NAME

CELL PHONE NUMBER

Text Me Updates

PRIMARY EMAIL ADDRESS

EMERGENCY CONTACT NAME (NON-PARENT)

EMERGENCY CONTACT NAME PHONE

ADDRESS LINE

CITY, STATE, ZIP

CHILD'S FULL NAME <i>First, Middle, Last Name If Different</i>	DATE OF BIRTH <i>MM/DD/YYYY</i>	GENDER <i>M/F</i>	GRADE THIS FALL	SACRAMENT PREPARATION REQUEST: <i>Circle All That Apply</i>
				No Sacrament Baptism First Recon. & Communion (2 nd Grade +) Confirmation (High School)
				No Sacrament Baptism First Recon. & Communion (2 nd Grade +) Confirmation (High School)
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DON'T FORGET BACK SIDE



FAITH FORMATION
**CIRCLE
 OF SAINTS**
**CIRCULO
 DE SANTOS**

SACRAMENT REQUEST FORM

TAKEN FROM THE FRONT OF THIS FORM:

- ✓ DATE OF BIRTH
- ✓ FATHER'S NAME
- ✓ MOTHER'S NAME

CHILD'S FULL NAME _____

PLACE OF BIRTH (CITY, STATE) _____

BAPTISM PRIEST NAME _____

BAPTISM GODPARENT NAME(S) _____

BAPTISM DATE _____

BAPTISM PARISH LOCATION _____
Please Circle One

SAINT	SAINT	SAINT	OTHER
PATRICK	JOSEPH	MICHAEL	PARISH

OTHER PARISH (IF ANY) _____
Please list Name, City, State

SACRAMENT PREPARATION REQUEST
Circle All That Apply

Baptism	First Recon. & Communion (2 nd Grade +)	Confirmation (High School)
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NOTE TO STAFF _____

SACRAMENT REQUEST FORM

TAKEN FROM THE FRONT OF THIS FORM:

- ✓ DATE OF BIRTH
- ✓ FATHER'S NAME
- ✓ MOTHER'S NAME

CHILD'S FULL NAME _____

PLACE OF BIRTH (CITY, STATE) _____

BAPTISM PRIEST NAME _____

BAPTISM GODPARENT NAME(S) _____

BAPTISM DATE _____

BAPTISM PARISH LOCATION _____
Please Circle One

SAINT	SAINT	SAINT	OTHER
PATRICK	JOSEPH	MICHAEL	PARISH

OTHER PARISH (IF ANY) _____
Please list Name, City, State

SACRAMENT PREPARATION REQUEST
Circle All That Apply

Baptism	First Recon. & Communion (2 nd Grade +)	Confirmation (High School)
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NOTE TO STAFF _____

WED, SEPTEMBER 17

SACRAMENT RECORDS ARE
 DUE TO PARISH OFFICE

To begin the preparation program, sacrament records must be submitted to the parish office. The Church must verify your child's sacramental history before they can participate.

Please note that records are kept in physical books, not electronic systems, and are not easily shared between parishes. Locating them can take time, so we appreciate your patience as we work to verify the information.

Once your child receives their sacrament, we'll record it in the parish registry.

If Sacrament records are not received by the deadline, students may be placed in a Faith Formation class.

Thank you for your support—we're excited to walk with your family on this faith journey!

Sydney Popelka
 Director of Faith Formation
 s.popelka@dbqarch.org
 St. Patrick's (641) 484-3039

To remain enrolled in Sacrament Preparation, we must have your child's sacrament records on file before the first class.

Children must be baptized before receiving the sacrament, and we can schedule a baptism this year if needed. Please contact the Parish Office at (641) 484-3039 with questions or for help locating or submitting records.

Archdiocese of Dubuque
2025-2026 Annual Parental/Guardian Consent Form and Liability Waiver
Valid date signed through 8-31-26

This Consent Form and Liability Waiver is required for and serves both on-site programs and off-site/field trip events/activities for the stated program year. This form needs to be completed annually for each student. To obtain the needed permission, contact, emergency and medical information you are requested to supply the needed information. As the specifics of each off-site/field trip event are known you will be required to complete an *Off-site/Field Trip Permission Form* outlining the specifics of each activity. Please complete all sections.

Section 1 - Contact Information

Student/Participant's Name: _____

Birthdate: _____ Gender: Female Male

Parent/Guardian's Name: _____

Home Address: _____

Home/Cell Phone: _____ Business/Cell Phone: _____

Section 2 - Off-site/Field Trip Consent Form and Liability Waiver

I, _____, (Parent or Guardian's Name) grant permission for my child,

_____ (Name of Child) to participate in school/parish events this year that may require transportation to a location away from the school/parish site. The activities will take place under the guidance and direction of school/parish employees and/or volunteers of

_____ (Name of School/Parish).

As parent and/or legal guardian, 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, its officers, directors of

_____ (Name of School/Parish) and agents, and the Archdiocese of Dubuque, chaperons, or representatives associated with the events, arising from or in connection with my child attending the events or in connection with any illness or injury or cost of medical treatment in connection therewith, and I agree to compensate the parish, its officers, directors and agents, and the Archdiocese of Dubuque, chaperons, or representatives associated with the events for reasonable attorney's fees and expenses which they may incur in any action I/we may bring against them as a result of such injury or damage, unless such claim arises from the negligence of the parish/school or the Archdiocese of Dubuque.

Signature: _____ Date: _____

Section 3 - Specific Medical Matters: I hereby warrant that to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child.

Item A - Emergency Medical Treatment: In the event of an emergency, I hereby give permission to transport my child to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor. In the event of an emergency, if you are unable to reach me at the above numbers, contact:

Name & Relationship: _____ Phone: _____

Family Doctor: _____ Phone: _____

Family Health Plan Carrier: _____ Policy #: _____

Item B - Other Medical Treatment:

In the event it comes to the attention of the parish/school, its officers, directors and agents, and the Archdiocese of Dubuque, chaperons, or representatives associated with the activity that my child becomes ill with symptoms such as vomiting, sore throat, fever, diarrhea, I want to be notified.

- Yes
- No

If Yes, Please call: _____

On-site Nonprescription Medication Permission - I hereby grant permission for nonprescription medication (such as ibuprofen, Tylenol, throat lozenges, etc.) to be given to my child in the event a condition arises after my child is already in attendance at the on site program.

- Yes
- No

Item C - Specific Medical Information: The parish/school will take reasonable care to see that the following information will be held in confidence. Check/explain all that are applicable to this student/participant.

Allergic reactions (medications, foods, plants, insects, etc.): _____

 Utilizes asthma or airway constricting prescription medication (see item 9.2 below) _____

Has a medically prescribed diet? _____

Any physical limitations? _____

You should be aware of these special medical conditions of my child: _____

Signature: _____ Date: _____

THIS FORM REPLACES PREVIOUS VERSIONS AS OF DATE SIGNED

Administration of Medication - Archdiocesan Catholic School Board Policy 5141, items 9-10. (For Catholic School programs only)

9. Dispensing of prescription medication

1. For Catholic schools - Dispensing of prescription medication will be administered by a nurse or designated party with training and with the written consent of parent(s)/guardian(s). Prescription medication must be provided to the school in the original labeled container containing the physician's name, name of the medication, and dosage/frequency to be given. A record of each dose of medication administered will be documented in the pupil's health record.
2. Students utilizing asthma or airway constricting prescription medication are allowed to administer their own dosage provided a completed consent form is on file in the school/program office. Such forms must be filed annually.
3. Contraceptives will not be dispensed. Iowa Code §280.16

10. Dispensing of nonprescription medication may occur, provided the parent/guardian have signed and dated an authorization identifying medication, dosage, and time interval to be administered. Nonprescription medications can be provided on off-site field trips if the parent/guardian signs a nonprescription medication authorization for each off-site field trip.