

Due October 15th

DIOCESE OF SAN ANGELO 20__ - 20__
INITIAL REPORT FOR PARISH FAITH FORMATION PROGRAMS

Parish/Mission: _____
Mailing Address: _____
City / Zip Code: _____ Phone: _____

Leadership

Pastor/Administrator: _____

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DRE

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CRE (attach separate sheet if needed)

Name: _____ **Name:** _____

Curriculum

Grade	Total	Publisher	Series	Publ. Year
Pre-K				
Kindergarten				
Grade 1				
Grade 2				
Grade 3				
Grade 4				
Grade 5				
Grade 6*				
TOTAL				

**Grade 6 only applicable if included in the Elementary Program of your parish/mission*

Program	Total	Publisher	Series	Publ. Year
Reconciliation				
Eucharist				
Special Education				
Adult Faith				
TOTAL				

Catechist Total: _____ **Enrolled Families:** _____ **Increase?** _____ **Decrease?** _____

Program Data

	Hours /Session	Meetings / Month	Beginning Date	Closing Date
Pre-School Program				
Elementary Program				
Special Ed. Program				
Adult Faith Program				

To request a new copy or to mail in the completed form, please use one of the following contact methods below:

Office of Evangelization & Catechesis

804 Ford St. | San Angelo, TX 76905

Tel.: 325-651-7500

evangelizationcatechesis@sanangelodiocese.org

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Catechists: Contact Information & Certification

[illegible]

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