iThirst

St. Vincent de Paul Catholic Church

Welcome!

We are so excited that you have chosen to register your child for our iThirst Faith Formation Program! We look forward to welcoming your family and accompanying your child as they grow in their faith and deepen their relationship with Christ.

FIRST THINGS FIRST

Your family must be registered parishioners of St. Vincent de Paul Catholic Church before enrolling your child(ren).

Not registered yet? No problem! Register online at svdprogers.com, or visit the Church Office:

- Monday–Thursday: 9am – 5pm
- Friday: 9am – 12pm

COMPLETE YOUR REGISTRATION

Your child's registration is not complete until all required forms and documentation have been submitted.

- Registration Form
- Circle of Grace Form
- Student Behavior & Expectations Form
- Baptism Certificate OR Birth Certificate
- First Communion Certificate (if applicable)

Completed forms and documents can be turned in to the church office or through email at: jessicas@svdprogers.com

We encourage you to turn in all required forms and documents as soon as possible, as space in our classes is limited. While we would love to welcome every child into our program, we cannot guarantee a spot if classes have reached capacity at the time your registration is completed. If all available spaces have been filled, your child will be placed on a waitlist.

REGISTRATION FEES

Sacramental Preparation — $70 per child

- For children preparing for sacraments such as First Holy Communion and Confirmation.

Continuing Formation / Bible Study — $35 per child

- For children participating in Bible Study (Continuing Formation) classes.

Thank you for entrusting your child's faith formation to us!

We are grateful to walk alongside your family. We look forward to a wonderful year together! ♡

Faith Formation Registration Form

iThirst Program | 2026–2027

Family ID# _____ **Parishioner Status:** **CURRENT** **NEW** **Class Day:** _____

Student's Name: _____

Date of Birth: _____ Current Student Grade: _____ Age: _____ Sex: M / F

Home Address: _____

City: _____ State: _____ Zip Code: _____

Mother's Name: _____ Mother's Phone #_____

Father's Name: _____ Father's Phone #_____

Father's Email: _____ Mother's Email: _____

STUDENT SACRAMENTAL INFORMATION

(Please checkmark and fill out the indicated information for the Sacraments your child has received)

- ☐ Baptism ---------- Name of Church: _____ City & State: _____ Approx Year: _____
- ☐ 1st Communion -------- Name of Church: _____ City & State: _____ Approx Year: _____
- ☐ Reconciliation -------- Name of Church: _____ City & State: _____ Approx Year: _____
- ☐ Confirmation -------- Name of Church: _____ City & State: _____ Approx Year: _____

☐ My child **has not** yet received any of the Sacraments listed above

CONSENT & LIABILITY WAIVER

By signing below, I give permission for my child to take part in activities and classes organized by St. Vincent de Paul's Faith Formation Program from June 1, 2026 to July 31, 2027. I agree not to hold the Diocese, the parish, or their staff, volunteers, or representatives responsible for injuries or losses unless they result from carelessness or negligence.

Media and Communication Permission (Please check one):

☐ **Yes**, I give permission for St. Vincent de Paul Church to take and use photos or videos of my child for church/diocesan purposes, such as publications or online content.

☐ **No**, I do not give permission for the St. Vincent de Paul Church to use photos or videos of my child for church/diocesan purposes, such as publications or online content.

_____ _____

Parent/Guardian Signature Today's Date

EMERGENCY CONTACT INFORMATION

(EFFECTIVE FROM JUNE 1, 2026 TO JULY 31, 2027)

Emergency Contact Information

In the event of any emergency, and you are unable to reach me, contact:

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

MEDICAL CONSENT

(EFFECTIVE FROM JUNE 1, 2026 TO JULY 31, 2027)

Medications (Please Check One):

☐ **Yes**, my child is currently taking medication, and I will provide the necessary details below.

☐ **No**, my child is not currently taking any medications.

Medication(s): _____ Dosage: _____

Medications Continued (Please Check One):

☐ I **DO NOT GRANT PERMISSION** for medication of any type, whether prescription or nonprescription to be administered to my child unless the situation is life-threatening and emergency treatment is required.

☐ I **GRANT PERMISSION** for nonprescription medication (such as Tylenol, throat lozenges, cough syrup) to be given to my child, if deemed advisable.

STUDENT MEDICAL CONDITIONS INFORMATION

(Church personnel will take reasonable care to see that the following information will be held in confidence)

Has your child been diagnosed with any medical conditions or limitations? Please explain: _____

_____

Does your child receive special help at school? Please explain: _____

Does your child have any allergies? Please explain: _____

Does your child have a medically prescribed diet? Please explain: _____

STUDENT INSURANCE INFORMATION

(Church personnel will take reasonable care to see that the following information will be held in confidence)

Health Company: _____ Name of Insured: _____

Member ID (Policy/Subscriber ID): _____

☐ I do not carry medical insurance at this time *(Please check if this applies)*.

By signing below, I affirm that the information in this document is correct and true to the best of my knowledge. I also acknowledge and agree that it is my responsibility to inform the St. Vincent de Paul Faith Formation (iThirst) if any of the above information needs to be changed, amended, or updated before the expiration date of this Medical Consent/Registration Form.

_____ _____

Parent/Guardian Signature **Today's Date**

Student Behavior & Expectation Agreement

You are being given the opportunity to attend iThirst Formation classes and experience the First Communion journey with your peers. As such, we ask that you commit to and agree to the following:

I agree to:

- Come to class on time; appear for each of my classes at the start time, ready to begin work.
- Stay on campus for the whole duration of class time.
- Show respect to all members of the learning community.
- Turn off your cell phone or place it in silent mode. Additionally, no using phones or texting during class; as well as not having any headphones on or in ears during class time.
- Foster a safe and supportive environment by refraining from foul language, harassment, and bigotry.
- Resolve conflicts peacefully, and avoid fighting inside or outside of the class or at event sites.
- Behave respectfully and cooperate with catechists or staff members. I understand that I will be allowed to voice my concerns at an appropriate time if I do not agree with the request.
- Take responsibility for my personal belongings and respect other people's property.
- Dress appropriately; refrain from wearing clothes that have any signs of gang affiliation or that are immodest.
- Do not bring weapons, illegal drugs, controlled substances, or alcohol to Church, class, or any Church Events.
- Share information with the iThirst Core Team or Staff Members that might affect the health, safety, or welfare of the iThirst community or others.
- Keep my parents/guardians informed about Church and iThirst-related matters and make sure I give them any information sent home.

As a Parent/Guardian, and on behalf of my child, _____, I understand
(Student Name)
and agree to the following Rules of Behavior and Expectation that are asked of my child, as stated above. If any of these rules are violated, I understand that there will be consequences, including expulsion from the iThirst program.

Parent/Guardian Name: _____
(Please print)

Parent/Guardian Signature: _____ Date: _____

Circle of Grace

Training for Youth and Children

Dear Parents and Guardians,

This is to inform you that St. Vincent de Paul will present the *Circle of Grace* program to our students on October 18th, 2026 (Sunday classes) & October 21st, 2026 (Wednesday classes). This program is a part of our ongoing effort to help children and youth understand their dignity and self-worth, to help create and maintain a safe environment for children and youth, and to give children, youth, and parents the tools to protect our most vulnerable ones from sexual abuse. The lessons are all age-appropriate, and they are intended to supplement the parents' rightful role as first teachers of the faith.

These lessons are required for all dioceses in the United States, and we strongly encourage all parents to allow their children to participate. This is not "sex education", rather, it is age-appropriate information for children and youth so they can know how to help create safe environments for them, and what to do when they feel that a certain environment is not safe. For our children and youth, our diocese uses Circle of Grace, a program developed by the Archdiocese of Omaha and endorsed by Catholic Mutual Group.

As a parent, you do have the right to opt your child out of the Circle of Grace Lesson. If you have questions about the program or the lesson, please contact the iThirst Formation team.

For more information on the *Circle of Grace* program, visit *Circle of Grace Online*™ website at www.dolr.org

Please review the options below and check the one that applies to your child:

☐ **I choose to opt my child out** of participating in the Circle of Grace lesson. I understand that my child is still required to attend class on this day. My child will be pulled out of the classroom for the 15–20 minutes that it takes to complete the topic. If my child does not attend class that day, it will be counted as an absence.

☐ **I give permission for my child to participate** in the Circle of Grace lesson with their class.

Student's Name: _____

Parent/Guardian Signature: _____ Date: _____

FOR OFFICE USE ONLY:

☐ Student was **absent** on the day the Circle of Grace lesson was presented

Date of Lesson *(Circle One):* Sunday, October 18th, 2026 Wednesday, October 21st, 2026

Recorded By: _____ Date: _____

Notes (If Any): _____