

FAMILY OF THE HOLY CROSS



BLESSED SACRAMENT
Mohawk, NY

ST. FRANCIS DE SALES
Herkimer, NY

ST. JOHN THE BAPTIST
Newport, NY

STS. ANTHONY AND JOSEPH
Herkimer, NY

FAITH FORMATION OFFICE

Dear Parents/Guardians,

I hope everyone is having a wonderful summer. I have been busy working on our Faith Formation Program for the 2024-2025 school year. We will continue to hold all our classes at St. Francis De Sales. Classes will meet once a month after the Family Faith formation Mass at 9:30am and will be excused at 11:30am. Here is our schedule. Please note that we are NOT meeting on the same Sunday every month.

September 15, 2024 9, 2025

October 20, 2024

November 17, 2024

December 15, 2024

January 12, 2025

February 9, 2025

March 9, 2025

April 6, 2025

April 13, 2025 – Make up session ONLY if needed

In case of a cancellation due to inclement weather, please check the local T.V. stations, our Facebook page: <https://facebook.com/familyoftheholycross> or call 315-866-6373 the network office and it will be on the answering machine.

First Communion is scheduled for Sunday, May 4, 2025 at the 9:30am Mass at St. Francis. First Communion Rehearsal will be Thursday, May 1, 2025 at 6:30pm.

Confirmation will be in late April or early May of 2025. We have to wait to hear from the Bishop before we can schedule this.

With the safety of all our children in mind we will continue to release Grades 1 through 5 from the Gymnasium. Grades 6 through 10 will be released from the Parish Center Bellinger Street doors. If someone other than one of

Your child's emergency contacts or contacts list on the registration form will be bringing them home we will need to know in advance.

Enclosed are the registration forms and the Circle of Grace forms (required by the Albany Diocese). Please return all forms no later than August 5th as we need to order supplies for the upcoming year.

Please send all correspondence to Family of the Holy Cross Pastoral Network Office, 228 South Main Street, Herkimer, NY. 13350. All phone calls should be directed to (315) 866-6373 and e-mails to st.frannff2021@gmail.com

The teachers and I are looking forward to another great year!!

Sincerely;

A handwritten signature in cursive script that reads "Maria Fiorentino". The signature is written in black ink and is positioned above the printed name.

Maria Fiorentino

Faith Formation Coordinator

FAMILY OF THE HOLY CROSS FAITH FORMATION REGISTRATION AND CONSENT FORM

BLESSED SACRAMENT, MOHAWK, ST. FRANCIS DE SALES, HERKIMER,
ST. JOHN THE BAPTIST, NEWPORT, STS. ANTHONY & JOSEPH, HERKIMER

1ST GRADE – 10TH GRADE FAITH FORMATION FAMILY MASS AND CLASSES ARE ONCE A MONTH ON SUNDAYS,
STARTING IN SEPTEMBER 2024 – APRIL 2025. MASS STARTS @ 9:30 AM AT ST. FRANCIS DE SALES CHURCH,
HERKIMER, NY. AFTER MASS THERE WILL FAITH FORMATION CLASSES ENDING AT 11:30 AM. PLEASE CALL
MARIA FIORENTINO @ 315-866-6373 OR EMAIL @ St.FranFF2021@gmail.com

PLEASE PRINT CLEARLY

EMERGENCY CONTACT NAME: _____ PHONE # _____

RELATIONSHIP TO STUDENT: _____

Names of people other than parents/guardians/ emergency contact who have permission to pick up your child at dismissal (identification may be required):

1. _____

2. _____

STUDENT NAME: _____ DATE & PLACE OF BIRTH: _____

GRADE: _____

SCHOOL WHERE STUDENT IS REGISTERED: _____

PARISH WHERE FAMILY IS REGISTERED: _____

MAILING ADDRESS: _____ CITY/TOWN: _____ ZIP CODE: _____

PHONE NUMBER: _____ EMAIL: _____

FATHER'S NAME: _____ RELIGION: _____

FATHER'S ADDRESS (ONLY IF DIFFERENT FROM ABOVE): _____ PHONE # _____

MOTHER'S NAME: _____ RELIGION: _____

MOTHER'S MAIDEN NAME: _____

MOTHER'S ADDRESS (ONLY IF DIFFERENT FROM ABOVE): _____ PHONE # _____

PLEASE COMPLETE BACK OF PAGE



WHEN & WHERE HAS THIS CHILD CELEBRATED THE SACRAMENTS OF INITIATION?

BAPTISM DATE: _____ PARISH: _____

ADDRESS: _____

FIRST EUCHARIST DATE: _____ PARISH: _____

ADDRESS: _____

To help with the cost of materials for our Faith Formation Programs, a contribution from each participating family as follows:

\$30.00 for first student _____

\$10.00 for each additional student _____

\$50.00 maximum per family _____

PLEASE submit forms and checks payable to "St. Francis De Sales Church"

If there is a hardship, PLEASE contact Maria Fiorentino 315-866-6373. (NO CHILD WILL BE TURNED AWAY)

MEDICAL CONSENT

Please list any special needs, conditions or allergies that your child has which we should be aware of, or that requires special attention

I hereby grant permission for emergency medical care, should it be necessary, for my child while attending Faith Formation sessions or activities.

Signature _____ Date _____

PHOTO CONSENT FORM

I grant permission to use the images resulting from the photography/video filming, and any reproductions or adaptations of the images for publicity or other purposes to help achieve the group's aims. This might include (but is not limited to), the right to use them in their printed and online publicity, social media, press releases and funding applications. (Any questions please see Maria Fiorentino)

Signature _____ Date _____

CIRCLE OF GRACE HAND OUT INCLUDED IN THIS PACKAGE

Please sign that you have received, read, and returned with registration forms the Circle of Grace information Sheets

Signature: _____ Date: _____

GIVE A HELPING HAND?

I would be interested in helping with the Faith Formation Program

Name: _____ Phone # _____