



SAINT PAUL THE APOSTLE PARISH  
FAITH FORMATION REGISTRATION

## Junior High Faith Formation Registration 2017-18

Parent/Guardian's Name: \_\_\_\_\_ Phone (H) \_\_\_\_\_ (C) \_\_\_\_\_  
Parent/Guardian's Name: \_\_\_\_\_ Phone (H) \_\_\_\_\_ (C) \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Guardian's Email Address(es): \_\_\_\_\_  
Emergency Contact (other than yourself): \_\_\_\_\_  
Phone: (H) \_\_\_\_\_ (C) \_\_\_\_\_ Relationship to your child(ren): \_\_\_\_\_

**Volunteer:** We are blessed with an amazing parish and strong faith formation program in Bangor. This year, we are asking parents to prayerfully considering being involved as volunteers with our many community service activities and fun nights! We also invite you to please attend Sunday night gatherings, service events, outings, social celebrations, field trips, etc. We would love to have you all involved. More information to come!

**Circle of Grace Program** (check one): (the new Diocesan Child Lures program)

- My child(ren) will attend
- My child(ren) will **NOT** attend, I understand that I may be contacted by the director of Faith Formation to discuss the Circle of Grace Program, and will receive a parent manual which is designed to assist in discussing these topics with my child. I will then sign the attached Opt-out form.

**MANDATORY LEGAL CONSENT:** In consideration for the opportunity for my child to participate, and fully recognizing that such an undertaking involves an element of risk, we assume all risks and hazards incidental to such participation and do hereby release, absolve, indemnify and agree to hold harmless the Diocese of Portland and St. Paul the Apostle Parish, and their employees, agents, volunteers, and other persons acting on their behalf. Neither the Diocese of Portland, St. Paul the Apostle Parish, nor said agents, employees, or volunteers, shall be held financially responsible for any injury, illness or death incurred as a direct or indirect result of this activity. We the undersigned have read this release and understand all its terms and execute it voluntarily and with full knowledge of its significance. I/my child agree to abide by all the rules as outlined in the Code of Behavior/Ethics. The Diocese and Parish will not be liable if I/my child fails to cooperate with said rules and any infractions may result in immediate dismissal from this event. I will accept responsibility for costs for immediate transportation home. I understand that I am legally responsible for the behavior of myself/my child. Finally, I/we hereby give My consent without reservation to use, assign, convey, reproduce, copyright, publish or sell my/my child's name, voice, image, and/or likeness that arises from my/his/her participation in this event, whether still or motion pictures, audio or video tape, for promotional, instructional, business or any other lawful purposes, at Saint Paul the Apostle's sole discretion and for the Diocese of Portland and any of its affiliated organizations, including, but not limited to St. Paul the Apostle Parish, and media outlets to use the name of my child and/or his/her photograph for promotional, news, or public relations purposes in print and/or electronic media.

Signature: \_\_\_\_\_ Your Name: \_\_\_\_\_  
Relation to Child: \_\_\_\_\_

*Completed forms may be returned to the Parish Office at 217 York St. Bangor*



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Student Name: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Date of Birth \_\_\_/\_\_\_/\_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

Other Activities/Sports: \_\_\_\_\_

Does your child have any allergies, medical conditions or medications?

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Student Name: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Date of Birth \_\_\_/\_\_\_/\_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

Other Activities/Sports: \_\_\_\_\_

Does your child have any allergies, medical conditions or medications?

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Date of Birth \_\_\_/\_\_\_/\_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

Other Activities/Sports: \_\_\_\_\_

Does your child have any allergies, medical conditions or medications?

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Date of Birth \_\_\_/\_\_\_/\_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

Other Activities/Sports: \_\_\_\_\_

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## CIRCLE OF GRACE

### Safe Environment Program – Pre-K through Grade 12 “Respecting All God’s People”

Dear Parents,

Out of concern for all God’s people and in response to the United States Conference of Catholic Bishops’ *Charter for the Protection of Children and Young People*, we have a new program for the safe environment education of children and young people supported and mandated by Bishop Deeley.

*“Diocese/Parishes will establish ‘safe environment’ programs. They will cooperate with parents, civil authorities, educators, and community organizations to provide education and training for children, youth, parents, ministers, educators, and others about ways to make and maintain a safe environment for children. Dioceses/Parishes will make clear to clergy and members of the community the standards of conduct for clergy and other persons in positions of trust with regard to sexual abuse.”*

-Article 12 – Charter for the Protection of Children and Young People

This program is called ***Circle of Grace***. It is meant to supplement and be integrated into the excellent programs and curricula for the formation of children and young people in our schools and religious education programs. ***Circle of Grace*** aims to equip our children and young people by arming them with essential knowledge and skills grounded in the richness of our faith. This program helps children and young people to understand their own (and others’) dignity in mind, body, and spirit.

#### ***What is a Circle of Grace?***

The Catholic Church teaches that God has created each of us as unique and special. Genesis 1:27 tells us that we are created “male and female in God’s image” and that God saw this as “very good.” In that goodness, we are meant to respect ourselves and everyone else as persons created and loved by God. Adults assist children and young people to recognize God’s love by helping them understand that each of us lives and moves in a *Circle of Grace*. You can imagine your own *Circle of Grace* by putting your arms above your head then circle down in front of your body including side to side. This circle, front to back, holds who you are in your body and through your senses. It holds your very essence in mind, heart, soul, and sexuality.

#### ***Why is it important to help our children understand the Circle of Grace?***

God intends our relationships in life to be experiences of divine love. Respectful, nurturing, loving relationships increase our understanding of our own value and help us to love others. It is never too early to help children and young people understand how very special they are and how relationships in life are called to be sacred. Understanding this can help them to protect the special person they are and to be respectful of others.



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Adults, especially parents, as they strive to provide a safe and protective environment, hold the responsibility to help children and young people understand and respect their own dignity and that of others. A truly safe and protective environment is one where children and young people recognize when they are safe or unsafe and know how to bring their concerns, fears, and uncertainties to the trusted adults in their lives.

***How is the Circle of Grace Program different from other protection programs?***

According to research, one in four girls and one in seven boys will be sexually abused by age eighteen. Many protection programs focus on “stranger danger”; however, up to ninety percent (90%) of the time the perpetrator of abuse is known to the child or young person such as a relative or family friend. ***Circle of Grace*** goes beyond just protection by helping children and young people understand the sacredness of who they are and how to seek help through their relationships with trusted adults.

Please feel free to contact your Faith Formation Director at the parish office if you have questions or want more information, 217-6740.

**Please answer the following and sign:**

My teen ***will*** attend the “Circle of Grace” Program: \_\_\_\_\_

My teen ***will not*** attend the “Circle of Grace Program: \_\_\_\_\_

Youth Name: \_\_\_\_\_

Grade Level: \_\_\_\_\_

Parent Name: (Please Print) \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Comments/Concerns/Issues:

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Thank you & God Bless!