

Level I Catechist Certification

Sponsored by the Office of Christian Formation

- 20 hours of learning, required of all catechists
- Check all or only the classes you need.
- Lunch or snacks provided by host location.
- Space limited to first 35 paid participants.
- Pre-attendance reading required. See Principal/DRE.



St. Monica

114 S. 4th Street
Palatka, FL 32177

Catechist Name (First or preferred & Last): → _____

_____ (indicate name of parish or school ↑)

E-Mail Address ↑ _____

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Parish	School	Both
I am a catechist for... check one above		

(_____) _____
Daytime Phone Number ↑

(We will contact you only if something about the event changes)

Advance reading requirements for Level I sessions: contact your Principal/DRE for materials.

Nov. 4, 2017 - Nov. 5, 2017

Deadline to register October 29

Saturday, Nov. 4, 9 am – 3 pm (lunch between classes)

- Scripture (3 hours) *bring Bible*
 Church (2 hours)

Sunday, Nov. 5, 1 pm – 6:30 pm (snack between classes)

- Faith Development (3 hours)
 Catechetical/Legal Administrative (2 hours)

Nov. 18, 2017 - Nov. 19, 2017

Deadline to register November 10

Saturday, Nov. 18, 9 am – 3 pm (lunch between classes)

- Liturgy and Sacraments (3 hours)
 Basic Beliefs (2 Hours)

Sunday, Nov. 19, 1 pm – 6:30 pm (snack between classes)

- Role of the Catechist (3 hours)
 Practical Skills (2 hours)

Office of Christian Formation Use Only

Received _____ 201 _ Payer: _____ Method: _____ Amount: _____ Accommodated _____ Contacted _____

REGISTRATION FEES: 20 hours \$65.00 10 hours \$40.00
Non-refundable 15 hours \$55.00 5 hours \$25.00

Late Fee: \$35.00 per day
Meal & materials **not** guaranteed.
No Walk-Ins

Mailing completed registration form and check payable to: **DoSA-OCF**

Office of Christian Formation, Diocese of St. Augustine, 11625 Old St. Augustine Road, Jacksonville, FL 32258

Faxing (904-262-0698) or **E-mailing** (cformation@dosaf.com) with selection(s) and credit card information.

Card Type: **Visa** **MasterCard** **Discover** **Debit** **Credit** **Amount: \$** _____

Name on Card _____ Expiration Date: Month _____ Year _____

Card Number _____ 3-Digit Security Code _____

Billing Address _____

City, State, Zip _____

Authorization Signature