

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. Paul

224 N. 5th Street
Jacksonville Beach, FL 32250

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

(indicate name of parish or school ↑)

E-Mail Address ↑ _____

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.

<p>Sept. 16, 2017 - Sept. 17, 2017 Deadline to register September 8</p> <p>Saturday, Sept. 16, 9 am – 3 pm (lunch between classes)</p> <p><input type="checkbox"/> Faith Development (3 hours)</p> <p><input type="checkbox"/> Catechetical/Legal Administrative (2 hours)</p> <p>Sunday, Sept 17, 1 pm – 6:30 pm (snack between classes)</p> <p><input type="checkbox"/> Role of the Catechist (3 hours)</p> <p><input type="checkbox"/> Practical Skills (2 hours)</p>	<p>Sept. 30, 2017 - Oct. 1, 2017 Deadline to register September 22</p> <p>Saturday, Sept. 30, 9 am – 3 pm (lunch between classes)</p> <p><input type="checkbox"/> Scripture (3 hours) <i>bring Bible</i></p> <p><input type="checkbox"/> Church (2 hours)</p> <p>Sunday, Oct. 1, 1 pm – 6:30 pm (snack between classes)</p> <p><input type="checkbox"/> Liturgy and Sacraments (3 hours)</p> <p><input type="checkbox"/> Basic Beliefs (2 Hours)</p>
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Office of Christian Formation Use Only

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

REGISTRATION FEES:	20 hours <u>\$65.00</u>	10 hours <u>\$40.00</u>	<p style="color: red;">Late Fee: \$35.00 per day Meal & materials not guaranteed. No Walk-Ins</p>
Non-refundable	15 hours <u>\$55.00</u>	5 hours <u>\$25.00</u>	

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