



Mailing Address: 1301 Sycamore Avenue, Tustin, California 92780
Tel: 714-544-3250 **Fax:** 714-838-1996 **Website:** www.stcecilia.org

English Children Faith Formation 2017-18

Grades 1 through 8

Revised September 1, 2017

Classes will begin on Sunday, Sept. 24th, 2017, 9:00am – 10:30am
First Holy Communion English MASS will be on Saturday, May 12, 2018, 10:00am

First Holy Communion & First Reconciliation

2-year preparation process

FHC Year 1 Grades 1-7 = Sun 9:00am – 10:30am

FHC Year 2 Grades 2-8 = Sun 9:00am – 10:30am

Continuing Faith Formation

For those already received Holy Communion

CFF Grades 3-8 = Sun 9:00am – 10:30am

Registration Fee

due at time of registration, if paid in full at the time of registration save \$5

| | |
|----------------------------------|--------------|
| One student per family | = \$75 |
| Two students per family | = \$135 |
| Three students per family | = \$200 |
| Four or more students per family | = \$60/child |

FHC Year-2: Additional Fee (for the additional expense of 2nd-year events and materials): **\$50/student**

For instance: A family of 4 children: 2 persons for FHC Y-2, 1 person for FHC Y-1, 1 person for CFF.

Registration Fee: \$240 (\$60/child) + 2nd year Fee: \$100 (2x\$50) == **TOTAL: \$340**

*Payment Plans will be made available upon request. 50% down-payment is required.

*If you are experiencing **financial hardship**, please arrange a meeting with **Tony Macias, 714-544-3250, Ext. 27**, to discuss possible scholarship or deferment options. Our goal is to include everyone, however we ask that all families make Faith Formation a financial priority so we can continue to keep costs as low as possible for all families.



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Registration Form

Revised September 1, 2017

STUDENT'S NAME: _____ MALE/FEMALE _____
 MOTHER'S NAME: _____ PHONE #: _____
 FATHER'S NAME: _____ PHONE #: _____
 ADDRESS: _____ CITY: _____ STATE: _____ ZIP CODE: _____
 EMAIL: _____ LANGUAGE AT HOME: _____

FHC = First Holy Communion
CFF = Continuing Faith Formation

| | check one |
|----------|-------------------------|
| FHC/CFF | Grade (in fall '17) |
| *FHC Y-1 | 1 ___ 2 ___ 3 ___ |
| *FHC Y-1 | 4 ___ 5 ___ 6 ___ 7 ___ |
| FHC Y-2 | 2 ___ 3 ___ 4 ___ |
| FHC Y-2 | 5 ___ 6 ___ 7 ___ 8 ___ |
| CFF | 3 ___ 4 ___ 5 ___ |
| CFF | 6 ___ 7 ___ 8 ___ |

***FHC YEAR-1 STUDENTS, PLEASE SUBMIT A COPY OF BAPTISMAL CERTIFICATE AT TIME OF REGISTRATION**

PLEASE LIST ANY AND ALL ALLERGIES, MEDICAL CONDITIONS AND/OR LEARNING DISABILITIES YOUR CHILD MAY HAVE:

EMERGENCY INFORMATION

PLEASE LIST TWO PEOPLE YOU AUTHORIZE TO BE CONTACTED IN THE EVENT OF AN EMERGENCY AND WE ARE UNABLE TO CONTACT YOU DIRECTLY.

NAME: _____ RELATIONSHIP: _____ PHONE #: _____
 NAME: _____ RELATIONSHIP: _____ PHONE #: _____

PROGRAM REQUIREMENTS

I AGREE THAT BY REGISTERING MY CHILD IN THE CHILDREN'S FAITH FORMATION PROGRAM AT ST. CECILIA CHURCH, I AGREE TO PAY THE REGISTRATION FEE AND TO COMPLY WITH ALL THE PROGRAM REQUIREMENTS ACCORDING TO MY CHILD'S CLASS.

SIGNATURE: _____ **PRINTED NAME:** _____ **DATE:** _____

FOR OFFICE USE ONLY

BAPTISM CERT _____ REG FEE:
 PAID IN FULL \$ _____ PAYMENT PLAN (50% DP) \$ _____
 CHECK /CASH/EFT _____ CHECK/CASH/EFT _____



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MINOR PERMISSION & RELEASE FORM

Revised September 1, 2017

LOCATION: ST. CECILIA CHURCH, 1301 SYCAMORE AVE., TUSTIN, CA 92780

DATES: SEPTEMBER 2017- MAY 2018

TIME: **SUNDAY AT: 9:00AM -10:30AM**

STUDENT NAME: _____

DATE OF BIRTH: _____

PARENT NAME: _____

CELL: _____

IF YOU CAN'T BE REACHED CALL: _____

PHONE: _____

FAMILY PHYSICIAN: _____

PHONE: _____

HEALTH INSURANCE: _____

POLICY #: _____

I, the Parent(s) or Legal guardian of _____ hereby give my permission for her/his participation in the above name activity. I agree to direct my child to cooperate and conform to directions and instructions of parish, school or diocesan personnel responsible for this activity.

As a condition of my child being allowed to do so, I hereby release and discharge the Diocese of Orange, its constituent organizations including but not limited to The Roman Catholic Bishop of Orange, a Corporation Sole, and their officers, employees and volunteers from any and all claims for personal injuries or property damage that he/she may suffer as a result of his/her participation in the activity described above, whether or not caused by the negligence, active or passive of any of the entities, individuals named or described above.

I agree that in the event my child being injured as a result of his/her participation in the above named activity, including transportation to and from this activity whether or not caused by the negligence, active or passive of the parish, school or diocesan faith formation activities program or any of its agents of employees, resource for the payment of any resulting hospital, medical or dental treatment or related costs and expenses will first be against any accident, hospital, medical or dental insurance, or any available benefit plans of mine or my spouse. I am aware of any medical condition of my child, which would render it appropriate form him/her to participate in any activity.

I, hereby authorize the making of photographs, motion pictures, videotapes, recording, or the other memorializing of said event and my child's participation therein, and the publication and duplication or other use thereof. I hereby waive any rights to compensation or any right that I otherwise might have to limit if to control such making or use.

I, hereby give permission to the physician, nurse, dentist, or licensed care staff selected by the supervisory personnel then present to render medical, dental or other appropriate treatment deemed necessary and appropriate by the physician, nurse, dentist or licensed care staff.

PARENT'S/ GUARDIAN'S SIGNATURE: _____ **DATE:** _____