



1301 Sycamore Avenue | Tustin, California 92780  
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**FIRST HOLY COMMUNION & CONTINUING FAITH FORMATION  
 GRADES 1 THROUGH 8  
 SEPTEMBER 2018 – MAY 2019**

**Classes are held Sundays 9:00 am – 10:00 am  
 Sunday, Sept. 16, 2018 through Sunday, April 28, 2019**

**First Holy Communion (FHC) 2-Year Program**

For those who have **not yet** received Holy Communion

**FHC Year 1:** Grades 1-7

**FHC Year 2:** Grades 2-8

**First Holy Communion Mass is at 10:00 am, Saturday, May 4, 2019**

**Continuing Faith Formation**

For those who have **already** received Holy Communion (Grades 3-8)

**Tuition Fee Per EACH Student**

# of Students	If Paid in Full			Optional Payment Plan			After 12/31
	Until 5/5	5/6 – 7/31	8/1 – 9/15	Due by 8/30	Due by 10/31	Due by 12/31	
1	\$75	\$80	\$90	\$45	\$25	\$20	Outstanding Balance Doubled
2 or 3	\$70	\$75	\$80	\$40	\$20	\$20	
4 or more	\$65	\$70	\$75	\$35	\$20	\$20	

**FHC Year-2 Additional Fee = \$ 50 / student for the additional expense of Events and Materials**

*For example: A family of 4 children: 2 students for FHC Year 2; 1 student for FHC Year 1; 1 student for CFF.  
 TOTAL of Registration Fee = \$400 = \$100 (2x\$50/student/Year 2 Additional Fee) + \$300 (4x\$75/student)*

**To Pay online <http://stcecilia.org/donate-pay-online/>**

**Please use the option for “CFF” and indicate your child’s name in the comment field.**

**NO APPLICATIONS/PAYMENTS WILL BE RECEIVED First Day of Class - Sunday, 9/16/2018**

\*If you are experiencing **financial hardship**, please arrange a meeting with **Tony Macias** NOW or by **09/15/2018** 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.

No refunds will be issued after registration.

# FIRST HOLY COMMUNION & CONTINUING FAITH FORMATION

## GRADES 1 THROUGH 8

### SEPTEMBER 2018 – MAY 2019

### REGISTRATION FORM

STUDENT'S NAME: \_\_\_\_\_ DoB: \_\_\_\_\_  MALE  FEMALE

FATHER'S NAME: \_\_\_\_\_ CELL: \_\_\_\_\_

MOTHER'S NAME: \_\_\_\_\_ CELL: \_\_\_\_\_

LEGAL GUARDIAN'S NAME: \_\_\_\_\_ CELL: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

EMAIL: \_\_\_\_\_ LANGUAGE AT HOME: \_\_\_\_\_

FHC Y = First Holy Communion Year CFF = Continuing Faith Formation	Indicate Grade in Fall 2018						
*FHC Year-1 Student	1	2	3	4	5	6	7
FHC Year-2 Student	2	3	4	5	6	7	8
CFF Student	3	4	5	6	7	8	

**\*FHC STUDENTS, PLEASE SUBMIT A COPY OF CERTIFICATES OF BAPTISM AND BIRTH AT TIME OF REGISTRATION**

FAMILY PHYSICIAN: \_\_\_\_\_ PHONE: \_\_\_\_\_

HEALTH INSURANCE: \_\_\_\_\_ POLICY #: \_\_\_\_\_

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: \_\_\_\_\_ CELL #: \_\_\_\_\_

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_ CELL #: \_\_\_\_\_

#### PROGRAM REQUIREMENTS

BY REGISTERING **MY CHILD** IN THE CHILDREN'S FIRST HOLY COMMUNION AND CONTINUING 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 PROGRAM.

DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

(CIRCLE) FATHER'S/MOTHER'S/LEGAL GUARDIAN'S PRINTED NAME: \_\_\_\_\_

#### FOR OFFICE USE ONLY

BAPTISM CERTIFICATE ATTACHED  YES  NO

TOTAL REGISTRATION FEE \$ \_\_\_\_\_ PAID \$ \_\_\_\_\_ CHECK /CASH/ONLINE DATE \_\_\_\_\_

PAYMENT PLAN \$ \_\_\_\_\_ SIGNATURE \_\_\_\_\_

**FIRST HOLY COMMUNION & CONTINUING FAITH FORMATION**  
**GRADES 1 THROUGH 8**  
**SEPTEMBER 2018 – MAY 2019**

**MINOR PERMISSION & RELEASE FORM**

STUDENT'S NAME: \_\_\_\_\_ DOB: \_\_\_\_\_  MALE  FEMALE

FATHER'S NAME: \_\_\_\_\_ CELL: \_\_\_\_\_

MOTHER'S NAME: \_\_\_\_\_ CELL: \_\_\_\_\_

LEGAL GUARDIAN'S NAME: \_\_\_\_\_ CELL: \_\_\_\_\_

**I, the Parent(s) or Legal Guardian of** \_\_\_\_\_ hereby give my permission for her/his participation in the above named 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 of 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 or 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 inappropriate for 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 or 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.

DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

(CIRCLE) FATHER'S/MOTHER'S/LEGAL GUARDIAN'S PRINTED NAME: \_\_\_\_\_

**IF I CAN'T BE REACHED, THEN PLEASE CALL THIS PERSON:** \_\_\_\_\_

CELL: \_\_\_\_\_