Attach a copy of your child's Baptism Certificate to this form (unless certificate was previously submitted)

Registrations must be returned in person.

Father/Guardian's Religion _____

Family Last Name_

ST. TIMOTHY CATHOLIC COMMUNITY 29102 CROWN VALLEY PARKWAY LAGUNA NIGUEL, CA 92677 (949) 495-4126

<u>FAITH FORMATION REGISTRATION FORM</u>
<u>2012-2013</u>

Fees

Tiny Tims = \$130/child If paid by 7/31/12 *\$150/child after 7/31/12

Grades 1-8 = \$100/child If paid by 7/31/12 *\$120/child after 7/31/12

Reconciliation = \$25 curriculum Eucharist = \$45 (curriculum, banner & photo)

St. Anne's Students Only:

Reconciliation= \$30 (\$40 after 7/31) Eucharist = \$50 (\$60 after 7/31)

PLEASE PRINT. THANK YOU

Father/Guardian's Name ______Home phone ______Cell/other ____

Your child/children will be registered in our database and files under **YOUR LAST NAME**

| Mother/Guardian's Name | Home phone | Cell/other |
|---|------------------------------|--|
| Mother/Guardian's Religion | | |
| LANGUAGE spoken in the home: □ English | □ Spanish | □ Other |
| (PLEASE WRITE THE ADDRESS WHERE YOU I | PREFER TO RECI | EIVE MAIL FROM US): |
| Address | Apt.# | _CityZip |
| E-MAIL ADDRESS | | |
| **Are you currently registered in any parish? Y/N | N. If yes, name of p | arish |
| SACRAI | MENT INFORM | ATION |
| | | |
| Child's First/Last Name | Where did child attend Faith | Please circle Sacraments your child has already received |
| Please Print | Formation class last year? | |
| | | Catholic Baptism Confirmation |
| | | Reconciliation Eucharist |
| | | Catholic Baptism Confirmation |
| | | Reconciliation Eucharist |
| | | Catholic Baptism Confirmation |
| | | Reconciliation Eucharist |
| | | Catholic Baptism Confirmation |
| | | Reconciliation Eucharist |

TINY TIMS—PARENT'S CELL PHONE # REQUIRED.

*Children leave Mass after Opening Prayer & go to classrooms to hear age-appropriate Gospel Readings, complete a craft, learn prayers and songs. Parents pick up children after Mass. (Children must be potty-trained and able to manage own restroom needs)

*We hope to offer both 9am & 11am sessions Sept. thru June. This is dependent on the number of Parent volunteer commitments.

Parents required to assist in classroom 5 times throughout the year

| TINY TIMS—3-yrs. (by Sept. 1) t | | | | | | |
|---|---|---|---|---|--|--|
| Child's <u>Legal</u> First & Last Name | | Sex: ALLERGY OR MEDICAL CONDITION | | Date of Birth | Grade in Fall (3, 4, PreK or K) | |
| | | | | | | |
| ELEMENTARY1 st through | 5 th Gra | dos 1 ST & 2 | RD WEEKS OF THE | MONTH | OCT MAY | |
| Select a Class time: | | s. 4-5:15 PM | | 5:45-7 PM | | |
| Child's <u>Legal</u> First & Last Name | Sex: M/F | | Y OR MEDICAL NDITION | Date o Birth | Grade Class time: A, B, or C FALL | |
| | | | | | | |
| | | | | | | |
| IXTH GRADE (R.O.C.K. – Roc | ck on Catho | olic Kids)- 1 ST | & 3 RD TUESDAY , O | CT - MAY | 5:45 – 7:00 PM | |
| Child's <u>Legal</u> First & Last Na | me | Sex: M/F | ALLERGY O CONDI | | AL Date of Birth | |
| | | NI/F | CONDI | <u>HON</u> | <u> Dirtii</u> | |
| | | WF | CONDI | <u>ITON</u> | <u> </u> | |
| | | WIF | CONDI | <u>ITON</u> | <u>Bitti</u> | |
| EVENTH & EIGHTH GR | ADES: | | | ue Believe | | |
| | Sex: | (C.L.U.B. 7-8 | | ue Believe | rs) -1 ST & 3 RD FRIDAY, y 6:30 – 8:00 PM | |
| | Sex: | (C.L.U.B. 7-8 | – Christ Loves Uniq | ue Believe Oct. – Ma | rs) -1 ST & 3 RD FRIDAY, y 6:30 – 8:00 PM <u>f</u> Grade | |
| | Sex: M/F have sole of make joint ildren you | ALLERG CON or shared cust decisions aboare enrolling | Y OR MEDICAL NDITION tody court papers? out dates for classes? | ue Believe Oct. – Ma Date of Birth sole and Sacra | rs) -1 ST & 3 RD FRIDAY, y 6:30 – 8:00 PM f Grade In Fall shared. ment celebrations. o does not apply | |
| hild's <u>Legal</u> First & Last Name If separated or divorced, do you We ask this so that parents may I Are you a <u>foster parent</u> to the chi | Sex: M/F have sole of make joint ildren you | ALLERG CON or shared cust decisions aboare enrolling | Y OR MEDICAL NDITION tody court papers? out dates for classes? | ue Believe Oct. – Ma Date of Birth sole and Sacra | rs) -1 ST & 3 RD FRIDAY, y 6:30 – 8:00 PM f Grade In Fall shared. ment celebrations. o does not apply | |
| If separated or divorced, do you We ask this so that parents may in Are you a foster parent to the chi If you are enrolling adopted child FOR OFFICE USE ONLY Tiny Tims Elementary | Sex: M/F have sole of make joint ildren you dren, do you | or shared cust decisions aboare enrolling ou have final of the school | Y OR MEDICAL NDITION tody court papers? out dates for classes? court documents? | Date of Birth sole and Sacra yes n yes n | rs) -1 ST & 3 RD FRIDAY, y 6:30 – 8:00 PM f Grade In Fall shared. ment celebrations. o does not apply of yet does not apply Eucharist | |
| We ask this so that parents may not a foster parent to the child If you are enrolling adopted child FOR OFFICE USE ONLY | have sole of make joint ildren you dren, do you st. Anne's | or shared cust decisions aboare enrolling ou have final of the such arist | Y OR MEDICAL NDITION tody court papers? out dates for classes? court documents? Reconciliation CAC2 | ue Believe Oct. – Ma Date of Birth sole and Sacra yes n yes n | rs) -1 ST & 3 RD FRIDAY, y 6:30 – 8:00 PM f Grade In Fall shared. ment celebrations. o does not apply of yet does not apply Eucharist | |