



**ST. ANGELA MERICI CATHOLIC CHURCH
CHILDREN'S FAITH FORMATION
REGISTRATION FORMS
2015-2016**

The *Children's Faith Formation* program is open to register children from first grade to sixth grade; with the exception of students in preparation for First Eucharist we also accept seventh and eighth graders. This program is not only for First Eucharist preparation, but as part of ongoing faith-life development.

Regular Registration: June 1st – August 15th

Late Registration: August 16th – September 12th

The program begins Monday October 5th or Tuesday October 6th

PLEASE FILL OUT THE FOLLOWING SECTIONS:

- Family Information (Parent/guardian, New OR Returning Student Info)
- Emergency Contacts, Minor Permission, & Release Form
- Program Cost
- Volunteer Form

FIRST EUCHARIST PREPARATION PROGRAM:

- Students must be baptized
 - A copy of the Baptism Certificate must be turned in with forms
 - If turned in a previous year, a second copy is not needed
- If your student previously attended another faith formation program in a different parish, a letter from that parish is required to place the student in a second year class

***REGISTRATION FORMS MAY BE TURNED INTO THE PARISH OFFICE
OR THE CHILDREN'S FAITH FORMATION OFFICE.**

**FOR MORE INFORMATION CALL: 714) 529-1821 ext. 132
OR EMAIL: CFFSTANGELA@GMAIL.COM**

ST. ANGELA MERICI CATHOLIC CHURCH •585 S. WALNUT AVE. •BREA, CA 92821



CLASS DAYS

Students are placed in classes according to the grade they are in school, from 1st to 6th grade.

The First Eucharist Program is a 2 year program. Students must be in at least first grade, being no older than seventh grade to start.

We will refer to them as "First Year" Sacrament Preparation students. Returning in their second year we will refer to them as "Second Year" Sacrament Preparation students.

Monday at 4-5:15pm

Grades: 1*, 2*, 3, 4, 5, 6

Tuesday at 4-5:15pm

Grades: 1*, 2*, 3, 4, 5, 6

Monday at 6-7:15pm*[▪]

Grades: 1st - 8th 1st & 2nd year Sacrament Preparation students

Monday at 6-7:15pm

Grades: 1*, 2*, 3, 4, 5, 6

Tuesday at 6-7:15pm

Grades: 1*, 2*, 3, 4, 5, 6

* First Year Preparation for the Sacrament of Eucharist
▪ Second Year Preparation for the Sacrament of Eucharist

PROGRAM COST (see page 3)

\$106	One Child
\$167	Two Children
\$188	Three Children or more
\$50	Sacrament Preparation Fee (2 ND Year student)
\$10	Discount per family for registering before 06/28/15
\$50	Out of Parish Fee
\$50	Late Registration Fee attached after August 15 th

TODAY'S DATE: _____

I. FAMILY INFORMATION

PARENT INFORMATION

1.) Parent/Guardian First & Last Name: _____

Mr. Mrs. Ms. Miss Relationship to minor: _____

Marital Status: _____ Religion: _____

Cell ph. #: _____ Work #: _____

Email: _____

2.) Parent/Guardian First & Last Name: _____

Mr. Mrs. Ms. Miss Relationship to minor: _____

Marital Status: _____ Religion: _____

Cell ph. #: _____ Work #: _____

Email: _____

Home Street Address: _____

City: _____, CA Zip code: _____

Home Ph. #: _____ Registered at this Church: Yes No

If yes, envelope #: _____

Child(ren) live(s) with:

Both Parents Mother Father Other: _____

I. STUDENT INFORMATION

OFFICE USE: Session

Student First & Last Name: _____ Returning New

Birth date: ___/___/___ Sex: ___ School Grade (2015-16): ___

Health conditions, allergies, special considerations/restrictions: _____

SACRAMENTS RECEIVED: (Mark Sacraments student has already received)

Baptism: Date ___/___/___ Church: _____

Reconciliation Eucharist Confirmation

Registering for grade: ___ 1st Choice: Day: ___ Time: ___

2nd Choice: Day: ___ Time: ___

2. STUDENT INFORMATION

OFFICE USE: Session

Student First & Last Name: _____ Returning New

Birth date: ___/___/___ Sex: ___ School Grade (2015-16): ___

Health conditions, allergies, special considerations/restrictions: _____

SACRAMENTS RECEIVED: (Mark Sacraments student has already received)

Baptism: Date ___/___/___ Church: _____

Reconciliation Eucharist Confirmation

Registering for grade: ___ 1st Choice: Day: ___ Time: ___

2nd Choice: Day: ___ Time: ___

3. STUDENT INFORMATION

OFFICE USE: Session

Student First & Last Name: _____ Returning New

Birth date: ___/___/___ Sex: ___ School Grade (2015-16): ___

Health conditions, allergies, special considerations/restrictions: _____

SACRAMENTS RECEIVED: (Mark Sacraments student has already received)

Baptism: Date ___/___/___ Church: _____

Reconciliation Eucharist Confirmation

Registering for grade: ___ 1st Choice: Day: ___ Time: ___

2nd Choice: Day: ___ Time: ___

4. STUDENT INFORMATION

OFFICE USE: Session

Student First & Last Name: _____ Returning New

Birth date: ___/___/___ Sex: ___ School Grade (2015-16): ___

Health conditions, allergies, special considerations/restrictions: _____

SACRAMENTS RECEIVED: (Mark Sacraments student has already received)

Baptism: Date ___/___/___ Church: _____

Reconciliation Eucharist Confirmation

Registering for grade: ___ 1st Choice: Day: ___ Time: ___

2nd Choice: Day: ___ Time: ___

II. EMERGENCY CONTACTS, MINOR PERMISSION, & RELEASE FORM

1. EMERGENCY CONTACTS

In case of an emergency or I am unable to pick my child(ren) up from Faith Formation Class, I hereby give my permission for child(ren) to be released to the following person(s):

1) Name: _____	Relationship to child(ren): _____	Cell Phone () _____	Home Phone () _____
2) Name: _____	Relationship to child(ren): _____	Cell Phone () _____	Home Phone () _____

2. PERMISSION FOR MEDIA ACTIVITIES

(PLEASE INITIAL DECISION)

_____	I grant permission for photographs and digital images of the children being registered for <i>Children's Faith Formation</i> , to appear in St. Angela Merici Church and program's printed publications, or in the church website. I understand that the images will be used only for educational purposes and that the identity of my child will be protected.
_____	I DO NOT grant permission for any media release of my child(ren).

3. MEDICAL RELEASE

I, do hereby authorize ST. ANGELA MERICI CHILDREN'S FAITH FORMATION, as agent for the undersigned to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of any physician and surgeon licensed under the provisions of the Medical Practice Act on the medical staff of ST. JUDE HOSPITAL whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required, but it is given to provide authority and power on the part of our aforesaid agent to give specific consent to any and all such diagnosis, treatment or hospital care which the aforementioned physician in the exercise of his best judgment may deem advisable.

This authorization is given pursuant to the provisions of Section 25.8 of the Civil Code of California. This authorization shall remain in effect until REVOKED.

In case of emergency, please list precautions to be taken for any of the enrolled students: _____

PARENT/GUARDIAN NAME PRINTED: _____

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

III. PROGRAM COST

PROGRAM COST

Includes: text book/magazine, prayer book, pencil, crayons, scissors, glue, and other materials and supplies used throughout the year

CHECK ✓	REGULAR REGISTRATION (BEFORE AUGUST 15 TH)	
	1 Child	\$106
	2 Children	\$167
	3 Children or more	\$188
	LATE REGISTRATION (AFTER AUGUST 15 TH)	
	1 Child	\$156
	2 Children	\$217
	3 Children or more	\$238
	ADDITIONAL FEES	
	Registration if full amount is not paid at time of registration	\$35
	Sacrament Preparation <small>2ND Year First Eucharist Preparation</small>	\$50
	Out of Parish when family is not registered in this parish	\$50

checks can made out to: St. Angela Merici

\$10 family discount if turned in before 06/28

TOTAL AMOUNT: _____

PAYMENT AMOUNT: _____

BALANCE: _____

***No child will be denied Faith Formation due to the inability to pay. Families with financial concerns are asked to contact the Children's Faith Formation Office to make other arrangements.*

OFFICE USE ONLY

Total Due: _____

Amount Paid: _____ Cash Check#: _____

Initials: _____ Date Received: _____

IV. VOLUNTEER FORM

The continued success of the Faith Formation program here at St. Angela Merici rests on the involvement and participation of parents and committed parishioners alike. If you are able to donate your time, talents, and treasures, please fill out the section below.

Name _____

Home #: _____ Cell _____

____	*Teacher/Co-teacher	day of week/grade _____
	Responsible for planning and presenting lessons using textbooks and teacher's manual. Training is provided.	
____	*Teacher's Aide	day of week/grade _____
	Helps in the classroom each week.	
____	Substitute Teacher	days of week/grades _____
	Lesson plan will be provided.	
____	Office aide	
	Assists in Children's Faith Formation Office each week (during your child's class time).	
____	Yard duty	
	Supervises the students arriving for class at the pedestrian gate.	
____	Room Parent	
	Coordinates with classroom teacher for special activities.	
____	Christmas Program	
	Helps with scenery, costumes, and rehearsals	

PLEASE NOTE:

If you are interested in teaching or co-teaching please contact the CFF Office as soon as possible: (714) 529-1821 ext. 132 or email cffstangela@gmail.com.

Thank you for registering in our program!

- Those families that turn in their forms before August 15th are guaranteed student's first choice. That is unless the class session is full before the date, in which your family will be notified.
 - * Certain classes may be closed due to insufficient teachers or students.
- If during the year there is a change in personal information (ex. home address, cell phone number, health condition, etc.), please notify us as soon as possible.
- All registration packets must be turned into the Parish Office OR the Children's Faith Formation Office.
 - *There may be a week's delay to deposit checks.

We'll see you in October!
CHILDREN'S FAITH FORMATION OFFICE