



2016-2017 FAITH FORMATION REGISTRATION

Child's Information						
First Name:		Middle Name:			Last Name:	
<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth:	City & State of Birth:	Age:	Grade as of September 2016:	School Attending:	
Date of Last Faith Formation class attended:		List any allergies, medical conditions, learning or physical disability that we should be aware of:				

Sacrament Information				
Catholic Baptism: <input type="checkbox"/> Yes <input type="checkbox"/> No/RCIA	Date of Baptism:	Church of Baptism:	City/State of Baptism:	Book: Page: Entry:
First Communion: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of First Communion:	Church of First Communion:	City/State of First Communion:	Book: Page: Entry:
Confirmation: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Confirmation:	Church of Confirmation:	City/State of Confirmation:	Book: Page: Entry:

A photo copy of each certificate must be included with this form at the time of registration.

Family Information				
Is Your Family Registered in the Parish? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, Parish Envelope/ID Number: _____	If No, would you like to be? <input type="checkbox"/> Yes <input type="checkbox"/> No	Verification _____	INITIALS _____
Father's First/Last Name:		Father's Religion:	Father's Primary Language: <input type="checkbox"/> English <input type="checkbox"/> Spanish	
Mother's First/Last Name:		Mother's Maiden Name:	Mother's Religion:	Mother's Primary Language: <input type="checkbox"/> English <input type="checkbox"/> Spanish
Are Parents Married in the Catholic Church? <input type="checkbox"/> Yes <input type="checkbox"/> No	If not married in the Catholic Church would parents like to be? <input type="checkbox"/> Yes <input type="checkbox"/> No	Who Does Child Live With? <input type="checkbox"/> Both Parents <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Other: _____		
Home Address:		City:	Zip:	
Home Phone:		Father's Cell:	Mother's Cell:	
Family E-mail (required):		Preferred Contact: <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Other: _____		
Emergency Contact Person (Other Than Parent):		Emergency Contact Phone Number:		
Emergency Contact Relationship to Child:		**In signing below you give us permission to add your family to our e-mail, phone and text distribution list.		

Liability Waiver			
Family Physician:	Family Physician Phone:	Insurance Company:	Insurance Group #:

I, _____, the Parent (Guardian) of _____, hereby give my permission for participation in planned activities. I agree to direct my child(ren) to cooperate and conform to directions and instructions of parish, school or diocesan personnel responsible for all activities.

As a condition of my child(ren) 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 damages which are caused by the negligence, active or passive, of any of the entities, individuals, names described above.

I agree that in the event of injury as a result of participation in planned activities, including transportation to and from these activities, whether or not caused by the negligence, active or passive, of the parish, school, or diocesan youth activities program or any of its agents, employees or volunteers, recourse for the payment of any resulting hospital, medical, dental treatment or related costs and expenses will first be had against any accident, hospital, medical or dental insurance, or any available benefit plan of mine or my spouse. I am not aware of any medical condition which would render it inappropriate for participation in any activity.

I, hereby authorize the making of photographs, motion pictures, video tapes, recordings, or other memorializing of said event and my child's participation therein, and the publication and duplication or other use thereof, I hereby waive any right 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.

Parent/Guardian Signature:	Date:
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Registration Fees

The registration fee for each child is determined by the amount of recordable donations that the family has made in the past year. Families that greatly contribute to the financial needs of the parish are thanked with lower registration fees.

Recordable Donation to the Parish Per Family	Faith Formation Registration Fee Per Child
\$501+	= \$0
\$251-\$500	= \$50
\$51-\$250	= \$100
\$0-\$50	= \$150

Retreat Fees

Each person in the program is charged the retreat fee since it involves additional off site costs.

First Year Sacrament Retreat	= \$20
Second Year Sacrament Retreats	= \$100
CGS Level II Retreat	= \$20
CGS Level III Retreat	= \$20
EDGE NET Retreat	= \$40

First Communion Prep

- First Year Sacrament** **Second Year Sacrament**

*First Communion is **at least** a two year process, based on the readiness of the family.*

Catechesis of the Good Shepherd Level II (Grade 1-3)

- Monday 3:00-4:30 pm
- Monday 5:00-6:30 pm
- Tuesday 10:30-12:00 pm
- Tuesday 3:00-4:30 pm
- Tuesday 5:00-6:30 pm
- Wednesday 5:00-6:30 pm

Catechesis of the Good Shepherd Level III (Grade 4-6)

- Tuesday 3:00-4:30 pm *(First Year Only)*
- Tuesday 5:00-6:30 pm *(First Year Only)*
- Wednesday 5:00-6:30 pm *(First Year Only)*
- Thursday 5:00-6:30 pm *(First Year Only)*

Traditional Model (Grade 3-8)

- Monday 5:00-6:30 pm *(First Year preparation)*
- Monday 5:00-6:30 pm *(Second Year preparation)*

EDGE Middle School Ministry (Grade 6-8)

- Monday 6:30-8:00 pm *(First Year Only)*

Faith Formation Programs

Catechesis of the Good Shepherd Level I (3 to 6 years old)

- Sunday 11:30-12:40 pm
- Monday 3:00-4:30 pm
- Tuesday 10:30-12:00 pm
- Tuesday 3:15-4:30 pm
- Tuesday 5:00-6:30 pm
- Wednesday 10:30-12:00 pm
- Wednesday 5:00-6:30 pm
- Thursday 10:30-12:00 pm
- Thursday 5:00-6:30 pm NOT CONFIRMED

Catechesis of the Good Shepherd Level II (Grade 1-3)

- Monday 3:00-4:30 pm
- Monday 5:00-6:30 pm
- Tuesday 10:30-12:00 pm
- Tuesday 3:00-4:30 pm
- Tuesday 5:00-6:30 pm
- Wednesday 5:00-6:30 pm
- Thursday 5:00-6:30 pm

Catechesis of the Good Shepherd Level III (Grade 4-6)

- Tuesday 10:30-12:00 pm
- Tuesday 3:00-4:30 pm
- Tuesday 5:00-6:30 pm
- Wednesday 5:00-6:30 pm
- Thursday 5:00-6:30 pm

EDGE (Grades 6-8)

- Monday 6:30-8:00 pm

Parent Pledge

In accordance with the Bishop of the Diocese of Orange, I have chosen to enroll and participate in my child's Faith Formation at St. Vincent de Paul Church. I understand that the parish provides a place for my family to grow and be nourished in our personal relationship with Jesus through prayer, study of scripture, generosity, and liturgy. I promise to support my child's faith formation at church and home by:

- Practicing my faith and being an example to my family.
- Attending and participating in Sunday Mass every week.
- Daily prayer such as: morning offering, night prayer, grace before and after meals
- Reading and studying Scripture
- Contribute weekly to the financial needs of the parish through recordable donations (Envelopes, Check or Online Giving).
- Pay all registration and retreat fees by April 1st, 2017

_____ Initial

Registration and Financial Policies

- Registrations will not be processed without a payment of at least \$20.
- A total balance statement will be given to each family during the week of October 9th, 2016.
- All applicable registration and retreat fees must be **paid in full** by April 1st, 2017. _____ Initial
- There will be a \$50 late fee per student for any fees not paid by the above deadline. _____ Initial
- All Registration and retreat fees are non-refundable and non-transferable. _____ Initial
- No Child will be excluded from participation in faith formation/ sacramental preparation due to financial reasons. Families requesting assistance will be asked to complete a confidential financial request form and submit it to the director of the program in which their child will be participating. The Pastor and Director will seek to accommodate the families requiring assistance. The family will complete service hours.

Parent/Guardian Signature:

Date: