Dear Parents,

Welcome to Faith Formation at Holy Trinity! This is a time for your child to learn about and grow in their faith and we are excited & honored to be a part of this journey.

- Classes will be held on Tuesdays, Wednesdays, or Thursdays from 3:30-4:45pm or 5:15-6:30pm
- For those families with children in 2nd grade or older who wish to receive the sacraments of Reconciliation & Eucharist, fill out the Sacramental Prep Registration Packet addition to this Faith Formation Registration Packet
- Parent meetings are REQUIRED for one parent from each family to attend. Please plan to attend one of the two times listed below:

Sunday, October 1st from 12-1pm OR Thursday October 5th from 7-8 pm

• Faith Formation Fees remain the same as last year (\$100/child.) As always... please contact me directly if you are in need of financial assistance. FYI – if you are a volunteer catechist, your child attends Faith Formation for FREE!

Many blessings for a joyful year,

Paula Baytieh

pbaytieh@holytrinityladera.org
(949) 218-6675, ext. 104.

Holy Trinity Faith Formation 2017-2018 Calendar

These are the dates & times of classes for the ENTIRE year.

Please keep this page as a reference

Tuesday Faith Formation: 3:30-4:45 (Grades 1, 2, & 4)

10/10, 10/24, 11/14, 11/28, 12/12, 1/9, 1/23, 2/6, 2/20, 3/6, 3/20, 4/10, 4/24, 5/8, & 5/22.

Tuesday Faith Formation 5:15-6:30 (Grades 1, 2, & 3)

10/10, 10/24, 11/14, 11/28, 12/12, 1/9, 1/23, 2/6, 2/20, 3/6, 3/20, 4/10, 4/24, 5/8, & 5/22.

Wednesday Faith Formation 3:30-4:45 (Grades 1, 2, & 3)

10/11, 10/25, 11/15, 11/29, 12/13, 1/10, 1/24, 2/7, 2/21, 3/7, 3/21, 4/11, 4/25, 5/9, & 5/23.

Wednesday Faith Formation 5:15-6:30 (Grades 2 & 5)

10/11, 10/25, 11/15, 11/29, 12/13, 1/10, 1/24, 2/7, 2/21, 3/7, 3/21, 4/11, 4/25, 5/9, & 5/23.

Thursday Faith Formation 3:30-4:45 (Grades 1& 5)

10/12, 10/26, 11/16, 11/30, 12/14, 1/11, 1/25, 2/8, 2/22, 3/8, 3/22, 4/12, 4/26, 5/10, & 5/24.

Thursday Faith Formation 5:15-6:30 (Grades 2, 3, & 4)

10/12, 10/26, 11/16, 11/30, 12/14, 1/11, 1/25, 2/8, 2/22, 3/8, 3/22, 4/12, 4/26, 5/10, & 5/24.

Holy Trinity Faith Formation Registration 2017-2018 Grades 1-5

Family Information Last Nar Street Address:					
Home Phone #					
Father's Name:					
Requested Information	Child #1	Child #2	Child #3		
Child's Full Name					
(first, middle, & last)					
Grade (Fall 2017)					
School Attending (Fall 2017)					
Date of Birth					
Age					
Gender					
Sacramental Information					
Baptism [mark (X) if already received]					
Baptism Location					
Reconciliation [mark (X) if already received]					
Eucharist [mark (X) if already received]					
First Eucharist Location					
City/State of Birth					
Allergies/Medical					
Information					

Does your child have a 504 plan you'd be willing to share with us? ______

Please continue on back (turn over to complete registration)

Holy Trinity Faith Formation Registration 2017-2018 Grades 1-5

Class time preferences (please write the student's name on the line next to the class you'd like to request)

1st Grade Classes		
Tuesdays from 3:30-4:45 pm:	Tuesdays from 5:15-6:30 pm:	
Wednesdays from 3:30-4:45 pm:		
Thursdays from 3:30-4:45 pm:		
2nd Grade Classes		
Tuesdays from 3:30-4:45pm:	Tuesdays from 5:15-6:30 pm:	
Wednesdays from 3:30-4:45pm:	Wednesdays from 5:15-6:30pm:	
	Thursdays from 5:15-6:30pm:	
3rd Grade Classes		
Wednesdays from 3:30-4:45pm:	Tuesdays from 5:15-6:30 pm:	
	Thursdays from 5:15-6:30 pm:	
4th Grade Classes		
Tuesdays from 3:30-4:45pm:	Thursdays from 5:15-6:30pm:	
5th Grade Classes		
Thursdays from 3:30-4:45pm:	Wednesdays from 5:15-6:30pm:	

Please include payment in the amount of \$100 per child with your registration form.

Holy Trinity Faith Formation 2017-18 Fee Agreement

The fee for Faith Formation is \$100 per child per year. (If you are a **VOLUNTEER CATECHIST** for 2017-2018 your child attends **FREE!**)

There are two options which you may us	se to pay your regist	tration fees (indicate b	y check mark wh	ich option you prefer)
Option A)	Pay in full by cash	, check (payable to H	oly Trinity), or cred	lit card
# of childre	en in Faith Formation	n: (x \$100) =		
Option B)	Make monthly pay	yments by credit card	until paid in full (so	ee schedule below)
	October 1, 2017	\$25 per child		
	November 1, 2017	\$25 per child		
	December 1, 2017	y \$25 per child		
		\$25 per child		
# of children in Faith Formation				
If paying by credit card, please indicate		~~~~~~~~	~~~~~~~~~	~~~~~~~~~~~~
Credit Card (check one)	Visa	MasterCard	AMEX	Discover
Credit Card #		CVV#	Expiration	on Date:
Name as it appears on card: _				
I authorize Holy Trinity Catholic	c church to charge	my credit card in acc	ordance with the	information above.
Signature (as it appears on the	e credit card):		Date:	

Holy Trinity Faith Formation Permission & Release Form

I, the parent (auardian) of	hereby give my permission for her/his/their participation in
Elementary Faith Formation classes and all related activitic condition of my child being allowed to do so, I hereby reincluding, but not limited to, The Roman Catholic Bishop of from any and all claims for personal injuries or property da	ies during the 2017-2018 school year at Holy Trinity Catholic Church. As a clease and discharge the Diocese of Orange, its constituent organizations, of Orange, a Corporation Sole, and their officers, employees and volunteers image that s(he) may suffer as a result of his/her participation in the activity is are caused by the negligence, active or passive, of any of the entities or
and from this activity, whether or not caused by the negli program, or any of its agents or employees, recourse for the	is/her participation in the above named activity, including transportation to gence, active or passive, of the parish, school, or diocesan youth activities ne payment of any resulting hospital, medical or dental costs shall be made spouse. I am not aware of any medical condition of my child which would tivity.
	pictures, video tapes, or other recordings memorializing said event and my publication and duplication or other use thereof. I, hereby, waive any rights be limit or to control such making or use.
, -	or licensed care staff selected by the supervisory personnel then present to emed necessary and appropriate by the physician, nurse, dentist or licensed
treatment and hospital care are considered necessary in the fully understand that students are to abide by all rules and r	ever x-ray examination; anesthetic, medical, surgical, or dental diagnosis or ne best judgment of the attending physician, medical or dental services. I regulations governing conduct and safety while attending Religious ese rules and regulations may result in that individual being sent home.
Parent/Guardian Signature:	Date:
Parent/Guardian name: (Please Print)	Phone:
Insurance Carrier:	Policy #

How can I help Holy Trinity Faith Formation?

This year we are starting something new in the Faith Formation classes. Since parents are the PRIMARY CATECHISTS in their children's faith development, we'd like your participation and support in their FF classroom. Please look at the listed dates below and **CIRCLE YOUR TOP 3**. You are **required** to serve in your child's classroom **ONLY ONCE** over the course of the school year & we will schedule you based upon your preferences. Of course if you'd like to help more often we'd love it!! Please fill out the Catechist Information Sheet on the reverse side.

Child's Name:	Mother's Name:			Father's Name:
Cell Phone:	Do you accept text messages?	YES	NO	E-mail Address:

Tuesdays	Wednesdays	Thuredaye
10/10 or 10/24	10/11 or 10/25	10/12 or 10/26
11/14 or 11/28	11/15 or 11/29	11/16 or 11/30
12/12	12/13	12/14
1/9 or 1/23	1/10 or 1/24	1/11 or 1/25
2/6 or 2/20	2/7 or 2/21	2/8 or 2/22
3/6 or 3/20	3/7 or 3/21	3/8 or 3/22
4/10 or 4/24	4/11 or 4/25	4/12 or 4/26
5/8 or 5/22	5/9 or 5/23	5/10 or 5/24

Would you like to donate an additional amount for this year? (Circle all that apply)

I would like to include an additional \$10 in my check as a HOSPITALITY DONATION

I would like to include an additional \$100 in my check to SPONSOR A CHILD

Other (please describe: _____

Holy Trinity Faith Formation Catechiet Information Sheet

Thank you for your interest in becoming a lead catechist or support catechist! As we begin to receive registration forms, I will be putting each team together, and will place you with a grade level and class time that meets your needs. If you could fill out the requested information and indicate your preferences below, it would greatly assist me in being successful in this task. Thanks for your help!

Catechist Name:					
Preferred Grade Level(s) to lead or support:	1 2 3 4 5				
I would prefer to be a: Lead Catechist	Support Catechist				
I am available for the following days and times (please circle all that apply):					
Tuesdays 3:30-4:45pm	Tuesdays 5:15-6:30 pm				
Wednesdays, 3:30-4:45pm	Wednesdays, 5:15-6:30pm				
Thursdays, 3:30-4:45pm	Thursdays, 5:15-6:30pm				
I would like to team teach with:					
Additional comments:					