

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 2<sup>nd</sup> 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:

**Tuesday, September 18<sup>th</sup> from 6:30-7:30pm      OR      Sunday September 23<sup>rd</sup> from 1-2 pm**

- Faith Formation Fees remain the same as before (\$100/child.) However a late registration fee (\$25) will apply after 9/10/2018. 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 Baytiah

[pbaytiah@holytrinityladera.org](mailto:pbaytiah@holytrinityladera.org)

(949) 218-3131

# Holy Trinity Faith Formation 2018-2019 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, 3, & 5)**

9/25, 10/9, 10/23, 11/6, 11/27, 12/11, 1/8, 1/29, 2/12, 2/26, 3/12, 3/26, 4/9, 4/30, & 5/14.

## **Tuesday Faith Formation 5:15-6:30 (Grades 1, 2, 4, & 5)**

9/25, 10/9, 10/23, 11/6, 11/27, 12/11, 1/8, 1/29, 2/12, 2/26, 3/12, 3/26, 4/9, 4/30, & 5/14.

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

9/26, 10/10, 10/24, 11/7, 11/28, 12/12, 1/9, 1/30, 2/13, 2/27, 3/13, 3/27, 4/10, 5/1, & 5/15.

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

9/26, 10/10, 10/24, 11/7, 11/28, 12/12, 1/9, 1/30, 2/13, 2/27, 3/13, 3/27, 4/10, 5/1, & 5/15.

## **Thursday Faith Formation 3:30-4:45 (Grades 1, 2, 3, & 4)**

9/27, 10/11, 10/25, 11/8, 11/29, 12/13, 1/10, 1/31, 2/14, 2/28, 3/14, 3/28, 4/11, 5/2, & 5/16.

## **Thursday Faith Formation 5:15-6:30 (Grades 1, 3, 4, & 5)**

9/27, 10/11, 10/25, 11/8, 11/29, 12/13, 1/10, 1/31, 2/14, 2/28, 3/14, 3/28, 4/11, 5/2, & 5/16.

# Holy Trinity Faith Formation Registration 2018-2019 Grades 1-5

**Family Information**    Last Name: \_\_\_\_\_ Email: \_\_\_\_\_  
 Street Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_  
 Home Phone # \_\_\_\_\_ Cell # \_\_\_\_\_ Date: \_\_\_\_\_  
 Father's Name: \_\_\_\_\_ Mother's Name: \_\_\_\_\_ Mother's Maiden Name: \_\_\_\_\_

Requested Information	Child #1	Child #2	Child #3
Child's Full Name (first, middle, & last)			
Grade (Fall 2018)			
School Attending (Fall 2018)			
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 2018-2019 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: \_\_\_\_\_

Wednesdays from 3:30-4:45 pm: \_\_\_\_\_

Thursdays from 3:30-4:45 pm: \_\_\_\_\_

Tuesdays from 5:15-6:30 pm: \_\_\_\_\_

Thursdays from 5:15-6:30pm: \_\_\_\_\_

## 2nd Grade Classes

Tuesdays from 3:30-4:45pm: \_\_\_\_\_

Wednesdays from 3:30-4:45pm: \_\_\_\_\_

Thursdays from 3:30-4:45 pm: \_\_\_\_\_

Tuesdays from 5:15-6:30 pm: \_\_\_\_\_

Wednesdays from 5:15-6:30pm: \_\_\_\_\_

## 3rd Grade Classes

Tuesdays from 3:30-4:45pm: \_\_\_\_\_

Wednesdays from 3:30-4:45pm: \_\_\_\_\_

Wednesdays from 5:15-6:30pm: \_\_\_\_\_

Thursdays from 5:15-6:30 pm: \_\_\_\_\_

## 4th Grade Classes

Wednesdays from 3:30-4:45pm: \_\_\_\_\_

Tuesdays from 5:15-6:30 pm: \_\_\_\_\_

Wednesdays from 5:15-6:30pm: \_\_\_\_\_

Thursdays from 5:15-6:30pm: \_\_\_\_\_

## 5th Grade Classes

Tuesdays from 3:30-4:45pm: \_\_\_\_\_

Tuesdays from 5:15-6:30pm: \_\_\_\_\_

Wednesdays from 5:15-6:30pm: \_\_\_\_\_

Thursdays from 5:15-6:30pm: \_\_\_\_\_

Please include payment in the amount of \$100 per child with your registration form (\$125 after 9/10/18.)

# Holy Trinity Faith Formation 2018-19 Fee Agreement

The fee for Faith Formation is \$100 per child per year. **\$125 after 9/10/18**  
(If you are a **VOLUNTEER CATECHIST** for 2018-2019 your child attends **FREE!**)

There are two options which you may use to pay your registration fees (indicate by check mark which option you prefer)

**Option A) Pay in full by cash, check (payable to Holy Trinity), or credit card**

# of children in Faith Formation: \_\_\_\_\_ (x \$100) = \_\_\_\_\_ **after 9/10/18 (x \$125) = \_\_\_\_\_**

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**Option B) Make monthly payments by credit card until paid in full (see schedule below)**

September 1, 2018	\$25 per child
October 1, 2018	\$25 per child
November 1, 2018	\$25 per child
December 1, 2018	\$25 per child
January 1, 2019	\$25 per child (only if registered after 9/10/18)

# of children in Faith Formation: \_\_\_\_\_ (x \$25) = \_\_\_\_\_ Amount of per month payment

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**If paying by credit card, please indicate below:**

Credit Card (check one)    Visa \_\_\_\_\_    MasterCard \_\_\_\_\_    AMEX \_\_\_\_\_    Discover \_\_\_\_\_

Credit Card # \_\_\_\_\_    CVV# \_\_\_\_\_    Expiration Date: \_\_\_\_\_

Name as it appears on card: \_\_\_\_\_

**I authorize Holy Trinity Catholic church to charge my credit card in accordance with the information above.**

Signature (as it appears on the credit card): \_\_\_\_\_ Date: \_\_\_\_\_

# Holy Trinity Faith Formation Permission & Release Form

I, the parent (guardian) of \_\_\_\_\_ hereby give my permission for her/his/their participation in Elementary Faith Formation classes and all related activities during the 2018-2019 school year at Holy Trinity Catholic Church. 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 s(he) may suffer as a result of his/her participation in the activity described above, whether or not such injuries or damages are caused by the negligence, active or passive, of any of the entities or individuals named or described above.

I agree that in the event my child is 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 youth activities program, or any of its agents or employees, recourse for the payment of any resulting hospital, medical or dental costs shall be made to insurance or any available benefit plans of mine or my spouse. I am not 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, video tapes, or other recordings memorializing said event and my child's participation at any and all parish activities, 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.

***In the event of illness or injury, I do hereby consent to whatever x-ray examination; anesthetic, medical, surgical, or dental diagnosis or treatment and hospital care are considered necessary in the best judgment of the attending physician, medical or dental services. I fully understand that students are to abide by all rules and regulations governing conduct and safety while attending Religious Education classes and related activities. Any violation of these 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 continuing parent volunteer days 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 that correspond to your child's class 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	Thursdays
9/25	9/26	9/27
10/9 or 10/23	10/10 or 10/24	10/11 or 10/25
11/6 or 11/27	11/7 or 11/28	11/8 or 11/29
12/11	12/12	12/13
1/8 or 1/29	1/9 or 1/30	1/10 or 1/31
2/12 or 2/26	2/13 or 2/27	2/14 or 2/28
3/12 or 3/26	3/13 or 3/27	3/17 or 3/28
4/9 or 4/30	4/10	4/11
5/14	5/1 or 5/15	5/2 or 5/16

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 Catechist 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:** \_\_\_\_\_

\_\_\_\_\_