

Holy Trinity Faith Formation

Sacramental Preparation Requirements

For children who wish to make their 1st Reconciliation (confession) & 1st Eucharist (communion) this year

Who is this program for?

This program is for any child who is baptized, and has completed at least **one year** of religious education. They also must be currently enrolled in either:

Holy Trinity's Faith Formation program
OR
Catholic Elementary School

If your child attends Catholic School, they do not need to attend the bi-monthly faith formation classes, but do they will need to attend the specified **SACRAMENTAL PREPARATION SESSIONS**.

If your child has not completed a year of Faith Formation, but is in 2nd – 5th grade and would like to learn more about how to get on track, please contact Paula Baytieh directly (949) 218-3131 x-104 or pbaytieh@holyltrinityladera.org

What are the Sacramental Preparation Sessions?

The **Sacramental Preparation Sessions** consist of 5 family sessions to be held on Sunday afternoons throughout the year. In addition to the Sunday afternoon sessions, they will also need to attend the 1st Reconciliation Service. Dates and times for these sessions will reviewed at the October Parent Meetings and are included in the attached schedule.

What about homework?

There are two supplemental workbooks; one for First Reconciliation and one for First Eucharist. These are to be completed at home, and turned in by the final Sacramental Preparation Session. These are **in addition** to the text they work on during the regular Faith Formation classes or curriculum at Catholic School.

What else do I need to do?

To officially register your child(ren) to go through the Sacramental Preparation Program, please fill out the registration form attached and turn it in when you turn in your FF Registration form.

Additionally, you will need to make certain to turn in a copy of your child's BAPTISMAL CERTIFICATE as well as payment in the amount of \$60 to cover the cost of books and supplies for the sessions and take home curriculum.

Holy Trinity Catholic Church

FF Sacrament Schedule 2017-18

Parent meeting **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**

Sacramental Preparation Sessions

(Attended by both the student and a parent)

Sunday November 5th 2017 from 1-2:30 pm in the church

Sunday, January 21st, 2018 from 1-2:30 pm in the church

Sunday, February 25th, 2018 from 1-2:30 pm in the church

***Sunday March 18th, 2018 from 1-2:30 pm in the church**

*First Eucharist mass times will be assigned at the conclusion of this session

****Sunday April 22nd, 2018 from 1-2:30 pm in the church**

**Supplemental workbooks must be completed and turned in on or before this day!

First Reconciliation

(Attended by the student and a parent)

Monday March 5th, 2018 evening
Parish wide Penance Service at Holy Trinity

First Eucharist Day

(For the whole family!)

Date & Mass times are still TBD we will confirm by December 2017

Holy Trinity Sacramental Preparation Registration 2017-2018

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

Requested Information	Child #1	Child #2
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 Date		
Baptism Location		
Allergies/Medical Information		

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

I would like to register my child(ren) to participate in the Sacramental Preparation Program for 2017-2018. My child has completed **at least one year of Faith Formation**, and seeks to receive the Sacraments of Reconciliation and Eucharist in the spring of 2018.

Please include a copy of your child's baptismal certificate with your registration form.

Holy Trinity Sacramental Preparation Fee Agreement

The additional fee for Sacramental Preparation (only applicable to those making sacraments in spring 2018) is \$60 per child per year.

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 Sacramental Preparation: _____ (x \$60) = _____

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

|                  |                                     |
|------------------|-------------------------------------|
| October 1, 2017  | \$15 per child for a sacrament year |
| November 1, 2017 | \$15 per child for a sacrament year |
| December 1, 2017 | \$15 per child for a sacrament year |
| January 1, 2018  | \$15 per child for a sacrament year |

# of children in Sacramental Preparation: \_\_\_\_\_ (x \$60) = \_\_\_\_\_

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 Sacramental Preparation Permission & Release form

I, the parent (guardian) of _____ hereby give my permission for her/his/their participation in Sacramental Preparation classes and all related activities during the 2017-2018 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#: _____