

Holy Trinity Faith Formation

Sacramental Preparation Requirements

For children desiring to receive the Sacraments of
Reconciliation (Confession) & Eucharist (Holy Communion)

Who is this journey for?

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

Holy Trinity's Faith Formation
OR
Catholic Elementary School

If your child attends Catholic School, they do not need to attend the bi-monthly faith formation classes, but they will need to attend the 5 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 pbaytieh@holyltrinityladera.org or (949) 218-3131.

What are the Sacramental Preparation Sessions?

The **Sacramental Preparation Sessions** are 5 family sessions on Sunday afternoons throughout the year. In addition to the Sunday afternoon sessions, they will also need to participate in a Reconciliation Service. Dates and times for the sessions are attached and will be reviewed at the September Parent Meetings.

What about homework?

There are two supplemental workbooks for the Sacraments of Reconciliation and Eucharist that are to be completed at home, and turned in by the final Sacramental Preparation Session. These are **in addition** to their assignments for Faith Formation classes or religious education at Catholic School.

What else do I need to do?

To register your child(ren), please fill out the attached registration form bring to the parish office. *We do not accept mail, fax, or email copies.*

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 \$75 (\$60 before 9/1/19) to cover the cost of books and supplies for the sessions and take home curriculum.

Holy Trinity Catholic Church

FF Sacrament Schedule 2019-20

Parent meetings are **REQUIRED** for one parent from each family to attend. Please plan to attend one of the two times listed below:

Sunday, August 25th from 1-2pm
OR
Tuesday September 5th from 7-8 pm

Sacramental Preparation Sessions

(Attended by both the student and a parent)

1. *Sunday October 20th 2019 from 1-2:30 pm in the church*
2. *Sunday, January 12th 2020 from 1-2:30 pm in the hall*
3. *Sunday, February 23rd 2020 from 1-2:30 pm in the hall*
4. *Sunday March 22nd, 2020 from 1-2:30 pm in the hall*
5. *Sunday April 26th 2020 from 1-2:30 pm in the church*

First Reconciliation

(Attended by the student and a parent)

Monday March 16th, 2019 6:00 pm
Parish wide Penance Service at Holy Trinity

First Eucharist Day

(For the whole family!)

Saturday 5/9/20- 2 Masses 10 AM or 2 PM

Holy Trinity Sacramental Preparation

Registration 2019-2020

Date: _____

Father's Name: _____

Mother's Name: _____

Mother's Maiden Name: _____

Email: _____

Address: _____

City/State/Zip _____

Phone # _____

| | Child #1 | Child #2 |
|---|----------|----------|
| Child's Full Name (First, Middle, & Last) | | |
| Grade (Fall 2019) | | |
| School Attending (Fall 2019) | | |
| 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 2019-2020. 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 2020.

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

Holy Trinity Sacramental Preparation

Fee Agreement

The fee for Sacramental Preparation (only applicable to those making sacraments in spring 2020) 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 \$75) = _____ *before 9/1/19 (x \$60) = _____*

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

|                          |                                                                              |
|--------------------------|------------------------------------------------------------------------------|
| <i>September 1, 2019</i> | <i>\$15 per child for a sacrament year</i>                                   |
| <i>October 1, 2019</i>   | <i>\$15 per child for a sacrament year</i>                                   |
| <i>November 1, 2019</i>  | <i>\$15 per child for a sacrament year</i>                                   |
| <i>December 1, 2019</i>  | <i>\$15 per child for a sacrament year</i>                                   |
| <i>January 1, 2020</i>   | <i>\$15 per child for a sacrament year (only if registered after 9/1/19)</i> |

# of children in Sacramental Preparation: \_\_\_\_ (x \$15) = \_\_\_\_\_ 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 2019-2020 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#: _____