

ELEMENTARY FAITH FORMATION REGISTRATION 2019-20

Dear Elementary 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** in 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, August 25th 12:15-12:45pm

OR

Thursday, September 5th 7:00-7:30pm

- **Registration fee of \$125 is due with paperwork. Submit by September 3rd and receive \$25 off.**

In His Service,
Chentel Tabbada
ctabbada@holyltrinityladera.org
(949)218-3131 Ext.108

Turn in to the parish office:

- Registration form
- Fee Agreement
- Class Time Preferences
- Permission & Release form
- Parent Volunteer form
- Catechist Information sheet
- Payment

REGISTRATION FORM 2019-20



HOLY TRINITY
CATHOLIC CHURCH

2019-20 ELEMENTARY FAITH FORMATION REGISTRATION

1600 Corporate Drive, Ladera Ranch, CA 92694

Family Last Name: _____

Date: _____

Father's Name: _____

Home Phone: _____

Mother's Name: _____

Cell Phone: _____

Mother's Maiden Name: _____

Address: _____

Father's email : _____

City & Zip : _____

Mother's email : _____

*Reminders and other Elementary related information will be sent to parents. Please indicate which email (Father, Mother or both) you would like updates to be sent: _____

Information	Child #1	Child #2	Child#3
Child's Full Name (First, Middle, & Last)			
Grade			
School			
Age			
Gender			
Allergies/Medical Info			
City/State of Birth			
Sacraments Received			
Baptism (Check mark if completed)			
Baptism Location Parish, City			
Eucharist (Check mark if completed)			
First Eucharist Location Parish, City			

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

FEE AGREEMENT

2019-20 ELEMENTARY FAITH FORMATION

Child/Children's Last Name: _____

If you are a **VOLUNTEER CATECHIST** for 2019-20 your child attends for **FREE**

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

1. Pay \$125 in full by cash, check (payable to Holy Trinity Church), or credit card
2. Make monthly payments until paid in full (see schedule below)

September 1, 2019	\$25
October 1, 2019	\$25
November 1, 2019	\$25
December 1, 2019	\$25
January 1, 2020	\$25

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

I would like to include an additional \$10 for a HOSPITALITY DONATION

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

Other (please describe): _____

Preferred email for contact: _____

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

Credit Card (check one): Visa ___ MasterCard ___ American Express ___ Discover ___

Credit Card #: _____ CVV# _____ Expiration Date: _____

Name on card: _____

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

Signature (as appears on the credit card): _____ Date: _____

To discuss financial hardship please contact: Chentel Tabbada at ctabbada@holytrinityladera.org **OR**
Fr. Reynold Furrell at frreynold@holytrinityladera.org

For billing questions please contact: Angela Johnson at ajohnson@holytrinityladera.org

Please return this completed form to finalize registration.

CLASS TIME PREFERENCES

Holy Trinity Faith Formation Registration 2019-20

*Please write the student's name on the line next to the class you'd like to request

1st Grade Classes

Tuesdays from 3:30-4:45pm: _____

Tuesdays from 5:15-6:30pm: _____

Wednesdays from 3:30-4:45pm: _____

Thursdays from 3:30-4:45pm: _____

Thursdays from 5:15-6:30pm: _____

2nd Grade Classes

Tuesdays from 3:30-4:45pm: _____

Tuesdays from 5:15-6:30pm: _____

Wednesdays from 3:30-4:45pm: _____

Wednesdays from 5:15-6:30pm: _____

Thursdays from 3:30-4:45 pm: _____

3rd Grade Classes

Tuesdays from 3:30-4:45pm: _____

Wednesdays from 5:15-6:30pm: _____

Wednesdays from 3:30-4:45pm: _____

Thursdays from 5:15-6:30pm: _____

4th Grade Classes

Wednesdays from 3:30-4:45pm: _____

Tuesdays from 5:15-6:30pm: _____

Thursdays from 3:30-4:45 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: _____

ELEMENTARY CALENDAR 2019-20

TUESDAY

3:30-4:45pm (Grades 1,2,3 & 5)
5:15-6:30pm (Grades 1,2,4 & 5)

Sep 17	Jan 28
Oct 1	Feb 11
Oct 15	Feb 18
Oct 22	March 10
Nov 5	March 24
Nov 19	April 14
Dec 3	April 28
Dec 17	May 12
Jan 7	

WEDNESDAY

3:30-4:45pm (Grades 1,2,3 & 4)
5:15-6:30pm (Grades 2,3, 4 & 5)

Sep 18	Jan 29
Oct 2	Feb 12
Oct 16	Feb 19
Oct 23	March 11
Nov 6	March 25
Nov 20	April 15
Dec 4	April 29
Dec 18	May 13
Jan 8	

THURSDAY

3:30-4:45pm (Grades 1,2 & 4)
5:15-6:30pm (Grades 1,3,4 & 5)

Sep 19	Jan 30
Oct 3	Feb 13
Oct 17	Feb 20
Oct 24	March 12
Nov 7	March 26
Nov 21	April 16
Dec 5	April 30
Dec 19	May 14
Jan 9	

PERMISSION & RELEASE FORM

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 2019-20 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: _____ Phone: _____

Insurance Carrier: _____ Policy # _____

PARENT VOLUNTEER

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 next page.

Child's Name: _____

Mother's Name: _____ Father's Name: _____

Cell Phone: _____ Do you accept text messages? YES NO

E-mail Address: _____

***CIRCLE YOUR TOP 3**

TUESDAYS	WEDNESDAYS	THURSDAYS
Sep 17	Sep 18	Sep 19
Oct 1 Oct 15 Oct 22	Oct 2 Oct 16 Oct 23	Oct 3 Oct 17 Oct 24
Nov 5 Nov 19	Nov 6 Nov 20	Nov 7 Nov 21
Dec 3 Dec 17	Dec 4 Dec 18	Dec 5 Dec 19
Jan 7 Jan 28	Jan 8 Jan 29	Jan 9 Jan 30
Feb 11 Feb 18	Feb 12 Feb 19	Feb 13 Feb 20
March 10 March 24	March 11 March 25	March 12 March 26
April 14 April 28	April 15 April 29	April 16 April 30
May 12	May 13	May 14

CATECHIST INFORMATION SHEET

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: _____

Email: _____

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
Preferred Grade (if any): 1 2 3 5

Tuesdays 5:15-6:30 pm
Preferred Grade (if any): 1 2 4 5

Wednesdays 3:30-4:45pm
Preferred Grade (if any): 1 2 3 4

Wednesdays 5:15-6:30pm
Preferred Grade (if any): 2 3 4 5

Thursdays 3:30-4:45pm
Preferred Grade (if any): 1 2 4

Thursdays 5:15-6:30pm
Preferred Grade (if any): 1 3 4 5

I would like to team teach with: _____

Additional comments: _____
