

HYBRID FAITH FORMATION REGISTRATION FORM 2020-2021

Elementary 
Cecilia Morillo, Associate Director

Middle School 
Lorena Aranda, Associate Director

High School 
David Thies, Associate Director

FAMILY INFORMATION

Family's Last Name _____ Family Phone # _____ Parish ID # _____

Home Address: _____
Street _____ City _____ Zip Code _____

Father's Name: _____ Religion _____ Cell# _____ Work# _____

Mother's Name: _____ Religion _____ Cell# _____ Work# _____
(Please Circle Designated Head of Household: Mother or Father)

Father's E-Mail Address _____ Mother's E-Mail Address _____

NON-PARENT EMERGENCY CONTACT (will be contacted when a parent cannot be reached during an emergency at class):

Name: _____ Relationship: _____ Contact# _____

INSURANCE INFORMATION

In case of accident or medical emergency requiring an ambulance, please fill out the following:

Insurance Carrier: _____ Policy Number: _____

No, I do not carry medical insurance at this time.

Does your child (children) have any special

needs: _____

THE COVENANT AGREEMENT

As a parent in support of Faith Formation Programs of St. Cecilia Parish, I promise to make every effort to:

Please initial

_____ Be the primary educator of my child's faith development and attend Sunday Mass and Holy Days.

_____ Encourage my child to turn off cell phones in the classroom or during sessions.

_____ I will be punctual for drop off and pick up times.

_____ My child may attend the Circle of Grace session during Faith Formation class. Parents will be informed when this session takes place. The Archdiocese provides this program to keep the children safe against inappropriate behavior, words or touching. Information will be posted on our website and communicated through email.

_____ I give permission to St. Cecilia parish to allow my child (children) to be photographed/videotaped.
These photos/videos will be for the use of our parish only.

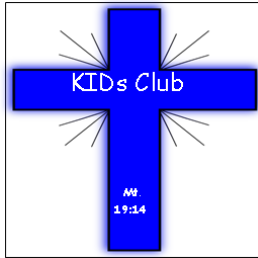
My child(ren) (*Print Names*) _____

has/have my permission to attend Faith Formation education at St. Cecilia Catholic Church. I release the Archdiocese of Galveston-Houston, St. Cecilia and its pastor, staff, volunteers, other agents or any representatives associated with the scheduled activity from liability unless the parties involved were careless and negligent.

SESSION TIMES

Schedule for the 2020-2021 Hybrid Faith Formation Year
(Times and Days Subject to change with notification)

HYBRID Faith Formation Defined: All sessions will be available to attend live when we can, however we will also ensure sessions are available for those who choose to continue to participate from home.



KIDs Club: Elementary: PreK4 - 5th Grade
 Session A: Sundays TIMES TBA (ENGLISH/SPANISH)
 Session B: Wednesday 6:15 PM—7:30 PM (ENGLISH/SPANISH)
 Session C: Online Only

First Reconciliation & 1st Eucharist Preparation:
Attends KIDs Club & does additional preparation at home.



EDGE: Middle School: 6th—8th Grades
 Wednesday 7:00-8:15 PM

First Reconciliation & 1st Eucharist Preparation:
Attends EDGE & does additional preparation at home.



Life Teen: High School: 9th -12th Grades
 Sundays 7:00-8:30 PM

First Reconciliation & 1st Eucharist Preparation:
Attends Life Teen & does additional preparation at home.

Confirmation Preparation:
Sundays: Attends Life Teen and meet separately periodically.

TUITION INFORMATION

Due to current restrictions, parishioners will be prioritized for Faith Formation Programs. Non-parishioners will be registered as space permits. All retreats & events are separate fees. Fees may be paid by check or on-line. We turn no child away for lack of ability to pay. Please discuss your needs with our staff.

Registration Tuition Schedule	Tuition 1st Child	Tuition Additional Children	Tuition Totals
Parishioner: PreK - LifeTeen Tuition	\$100	+\$60 (per child)	(max of \$180)
Sacrament Fee (additional fee to above tuition)	+\$60	+\$60 (per child preparing)	(max of \$180)
Tax Deductible Donation (assist with financial aid, additional supplies, meals etc.)			
Total Tuition Due			

Are you interested in Volunteering? *(Circle One)* **YES** **NO**
We will contact you!

Office Use Only: Date Received: _____ Bill Amount _____ Amount Paid _____ Check No.: _____

NOTES: _____

1 Box per child

(Please complete for each of your children)

Child's Name _____ Gender: M F Date of Birth _____

School Attending _____ Friend Request for class (No Guarantee): _____

Was this child in Faith Formation or Catholic School last year? Please circle one.

If YES (Where?) _____

If NO: this will be your child's foundational year & will receive sacraments next year.

Sacraments Already Received: Baptism 1st Reconciliation 1st Communion Confirmation NO Sacraments Received

(Circle/Check all that apply)

____ **KIDs Club PreK4 - 5th** **GRADE:** Kinder 1st 2nd 3rd 4th 5th

SESSION: A B C

____ **EDGE: 6TH - 8TH** **GRADE:** 6th 7th 8th

SESSION: Wednesday, 7 -8:15PM

____ **LifeTeen: 9TH - 12TH** **GRADE:** 9th 10th 11th 12th

SESSION: Sundays, 7 -8:30 PM

1 Box per child

(Please complete for each of your children)

Child's Name _____ Gender: M F Date of Birth _____

School Attending _____ Friend Request for class (No Guarantee): _____

Was this child in Faith Formation or Catholic School last year? Please circle one.

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SESSION: Sundays, 7 -8:30 PM