

# Registration Form

Our Lady Queen of Angels Children's Faith Formation  
2046 Mar Vista Drive - Newport Beach, CA 92660  
(949)219-1497 • (949)644-1349 FAX

Family Name: _____	Today's Date: _____
Address: _____	
Phone: _____	Email: _____
When sending mail, address to (choose one)?	
Mr./Mrs.      Mr.      Mrs.      Miss      Dr./Mrs.      Mr./Dr.	
Other: _____	
Registered at this Church?:      Y      N	If yes, Envelope #: _____

## Parents/Guardians-----

Relationship to child: _____	Relationship to child: _____
Name: _____	Name: _____
Business: _____	Business: _____
Phone: _____	Phone: _____
Religion: _____	Religion: _____
Marital Status: _____	Marital Status: _____
When sending mail, address to (choose one)?	When sending mail, address to (choose one)?
Mr.    Mrs.    Ms.    Miss    Dr.    Other: _____	Mr.    Mrs.    Ms.    Miss    Dr.    Other: _____

Comments: \_\_\_\_\_

<b>Emergency Information</b>	
Name: _____	Relationship: _____
Address: _____	
Phone: _____	
Comments: _____	
Doctor: _____	Phone: _____
I authorize the school to select a doctor in an emergency	Circle one:    Yes    No
_____	_____
Father or Male Guardian Signature	and/or Mother or Female Guardian Signature

# CHILDREN'S FAITH FORMATION REGISTRATION

Student Name: \_\_\_\_\_ Gender: \_\_\_\_\_ Birth date \_\_\_\_\_  
School: \_\_\_\_\_ Grade this fall: \_\_\_\_\_  
Sessions: Sunday \_\_\_ Tuesday \_\_\_ Attended here before: Y N

	<u>Date</u>	<u>Church at which Sacrament was performed:</u>
Catholic Baptism	___/___/___	_____
Reconciliation	___/___/___	_____
1 <sup>st</sup> Communion	___/___/___	_____

Does your child have learning or behavior problems? Yes No  
Health Problems: Yes No Medications: \_\_\_\_\_  
If yes to either of the above please explain: \_\_\_\_\_

Previous Grades of Faith Formation.: (Circle) Pre3 Pre4 KN 1 2 3 4 5

Student Name: \_\_\_\_\_ Gender: \_\_\_\_\_ Birth date \_\_\_\_\_  
School: \_\_\_\_\_ Grade this fall: \_\_\_\_\_  
Sessions: Sunday \_\_\_ Tuesday \_\_\_ Attended here before: Y N

	<u>Date</u>	<u>Church at which Sacrament was performed:</u>
Catholic Baptism	___/___/___	_____
Reconciliation	___/___/___	_____
1 <sup>st</sup> Communion	___/___/___	_____

Does your child have learning or behavior problems? Yes No  
Health Problems: Yes No Medications: \_\_\_\_\_  
If yes to either of the above please explain: \_\_\_\_\_

Previous Grades of Faith Formation.: (Circle) Pre3 Pre4 KN 1 2 3 4 5

Student Name: \_\_\_\_\_ Gender: \_\_\_\_\_ Birth date \_\_\_\_\_  
School: \_\_\_\_\_ Grade this fall: \_\_\_\_\_  
Sessions: Sunday \_\_\_ Tuesday \_\_\_ Attended here before: Y N

	<u>Date</u>	<u>Church at which Sacrament was performed:</u>
Catholic Baptism	___/___/___	_____
Reconciliation	___/___/___	_____
1 <sup>st</sup> Communion	___/___/___	_____

Does your child have learning or behavior problems? Yes No  
Health Problems: Yes No Medications: \_\_\_\_\_  
If yes to either of the above please explain: \_\_\_\_\_

Previous Grades of Faith Formation.: (Circle) Pre3 Pre4 KN 1 2 3 4 5

## EMERGENCY & DISASTER PREPAREDNESS

Family Name: \_\_\_\_\_

Male Parent/Guardians Name: \_\_\_\_\_

Hm. phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_

Female Parent/Guardians Name: \_\_\_\_\_

Hm. phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_

Children's names:

Grades:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

\_\_\_\_\_ In a disaster, I wish my child/children to be released only to a parent or legal guardian.

\_\_\_\_\_ In a disaster, I authorize Our Lady Queen of Angels Children's Faith Formation program to release my child/children to any of the following to provide emergency transportation.

1. \_\_\_\_\_

Phone: \_\_\_\_\_

2. \_\_\_\_\_

Phone: \_\_\_\_\_

3. \_\_\_\_\_

Phone: \_\_\_\_\_

I understand that Our Lady Queen of Angels Church and/or Children's Faith Formation do not resume responsibility for payment. However, in an emergency you may choose a duly licensed physician, ambulance company, or dentist to provide emergency medical or dental care for the child(ren) listed above on this form.

Parent/Guardian signature \_\_\_\_\_

Date \_\_\_\_\_

Mo/ Day/ Year

# OLQA SCHOOL OF RELIGIOUS EDUCATION

## 2009/10 PARENT SUPPORT FORM

Return this form with your registration material

Parent participation is an essential part of our Religious Education Program. We need the help of both mothers and fathers. Each family is asked to commit to helping in the classroom at least once a year and to choose an activity below. Please put (1) next to your first choice, (2) for your second choice of the projects. There is an expectation that you will follow through with your commitment. Our devoted catechists and assistants volunteer their time every week to provide the best curriculum and faith experience for your child. Please support them in every way.

PARENT NAME \_\_\_\_\_ PHONE \_\_\_\_\_  
(Please Print) E-MAIL ADDRESS \_\_\_\_\_  
CHILD'S NAME \_\_\_\_\_ GRADE \_\_\_\_\_

\_\_\_\_\_ I WOULD BE MORE THAN HAPPY TO HELP OUT WHERE NEEDED Grade Level \_\_\_\_\_

\_\_\_\_\_ CATECHIST Sunday \_\_\_\_\_ Tuesday \_\_\_\_\_ GRADE LEVEL \_\_\_\_\_

Willingness to share the love of God with the children of our parish

Background in scripture study

Previous experience teaching religious education is helpful, but not mandatory

### **Responsibilities**

work with Director and other catechists

plan lesson for each week according to the curriculum provided  
(approx. 1 ½ - 3 hrs. preparation time per class)

work with a support team – an assistant and a teen assistant  
encourage parental involvement

attend catechist meetings/luncheons held on Sunday mornings

pursue continuing faith formation and obtain a basic catechist certificate

\_\_\_\_\_ CATECHIST ASSISTANT GRADE LEVEL \_\_\_\_\_

### **Responsibilities**

attend class **each** Sunday or Tuesday

assist the catechist in whatever is needed, i.e. giving special attention  
to those children who may need extra help

assist catechist with crafts, taking attendance and organizing materials

attend catechist meetings/luncheons held on Sunday mornings

\_\_\_\_\_ TEEN ASSISTANT (grades 7 -12)

### **Responsibilities**

attend class each week, assist catechist and children, storytelling, where needed

\_\_\_\_\_ SUBSTITUTE CATECHIST Sunday \_\_\_\_\_ Tuesday \_\_\_\_\_

### **Responsibilities**

teach the lesson of the day – the lesson will be prepared for you

\_\_\_\_\_ OFFICE AIDE

\_\_\_\_\_ assist with variety of tasks as needed (flexible hrs) – mailings, phone calls, etc.

\_\_\_\_\_ wrapping presents at Christmas and end of year

(turn over →)

\_\_\_ OUTREACH SUNDAY: SERVING THE POOR OF ORANGE COUNTY

GRADE LEVEL 1 - 6

(One Sunday per grade per year; does not include preschool and kindergarten)  
Make reminder calls to class families for collection of food and personal hygiene items and assist in organizing children in lining up in vestibule and taking wagons up at Offertory

\_\_\_ SOCIAL ACTIVITIES

ALL GRADE LEVELS

Dates and events to be announced.

PRAYER PARTNERS

ALL GRADE LEVELS

\_\_\_ Photographer for 2<sup>nd</sup> grade prayer partner cards  
\_\_\_ Sit out at tables during 8:30 a.m. and 10:00 a.m. masses to offer prayer cards to parishioners

ADOPT A FAMILY (through S.O.S. – Share Our Selves)

ALL GRADE LEVELS

\_\_\_ Coordinator  
\_\_\_ Assist in organizing gifts and food donations for the “Adopt A Family” program during Advent (for your child’s class)  
\_\_\_ help cut out gift tag ornaments and put on trees  
\_\_\_ help organize gifts and food for families  
\_\_\_ help gift wrap extra gifts  
\_\_\_ make delivery of donations to S.O.S. location

LENTEN COLLECTION

GRADE LEVEL 1 – 6

\_\_\_ Project during Lent to support children’s programs (food, clothing and education) in Third World countries. Help with counting and rolling coins from collection boxes during child’s class time; done in the SRE library

1<sup>st</sup> RECONCILIATION

\_\_\_ Set up for 1<sup>st</sup> Reconciliation Reception – 1<sup>st</sup> grade parents (dates and times to be announced)

REGISTRATION

\_\_\_ Assist with set up & collection of registration materials

1<sup>st</sup> EUCHARIST

\_\_\_ Help with preparation for Masses (e.g. put up reserved signs, set out worship aides, straighten up pews after masses, etc.)  
\_\_\_ Sat., 5:00 pm    \_\_\_ Sun., 10:00 am    \_\_\_ Sun., 11:30 am

Family name \_\_\_\_\_ Date \_\_\_\_\_

## 2009/10 Registration Fees

In person on April 19, 21, 26, 28, May 5, 12, 17 and 23

Child #1 & 2 = \$85.00 each  
#3 = \$75.00 "  
#4 = \$65.00 "

**After above dates & by June 18<sup>th</sup>**

Child #1 & 2 = \$95.00 each  
#3 = \$85.00 "  
#4 = \$75.00 "

**After June 18<sup>th</sup>**

Child #1 & 2 = \$110.00 each  
#3 = \$100.00 "  
#4 = \$ 90.00 "

**\*\*\*We offer financial assistance for those who may need it.  
Please ask for more information.**

**NEW FAMILIES:** Same fee as above for in person.

**\*\*\*\*\*IMPORTANT:** Children **celebrate their First Reconciliation and First Communion after completing the required 2(two) year process of faith formation.**

### **PLEASE NOTE!! For 1<sup>st</sup>-6<sup>th</sup> grades only!**

**(classes for 3 yr. olds, Preschool and Kindergarten are offered on Sunday morning during the 8:30 Mass only)**

We offer sessions on Tuesday, 4:45-6:00 p.m., as well as our Sunday morning sessions. You are to choose one or the other. Please check your preference:

\_\_\_\_\_ Sunday, 9:45-11:00 a.m.      or      \_\_\_\_\_ Tuesday, 4:45-6:00 p.m.

I would like my child in class with the following student (put **one** name per child only, please). Do not put school names or geographical areas, e.g. Port Streets. If we receive your registration after August 15<sup>th</sup> we may **not** be able to honor this request:

Your child's name:

Requested child's name:

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We/I are/am interested in attending the Parent's Bible Study that will take place on Sunday mornings from 9:55-10:55 a.m. More information will follow. # of persons who will be attending \_\_\_\_\_.