

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: _____	

Emergency Information	
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 st 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 st 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 st 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 2010/2011 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 2nd 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

1st RECONCILIATION

___ Set up for 1st Reconciliation Reception – Parents with 1st graders (dates and times to be announced)

REGISTRATION

___ Assist with set up & collection of registration materials

1st EUCHARIST

___ Help with preparation for Masses (e.g. put up reserved signs, set out worship aides, straighten up pews after masses, etc.) – May 7th & 8th; May 14th & 15th
___ Sat., 5:00 pm ___ Sun., 11:30 am
___ Sat., 5:00 pm ___ Sun., 11:30 am

Family name _____ Date _____

2010/11 Registration Fees

In person on April 11, 18, 26, 20, 27, May 4, 11, and 16

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

After above dates & by June 18th

Child #1 & 2 = \$100.00 each
#3 = \$ 90.00 "
#4 = \$ 80.00 "

After June 18th

Child #1 & 2 = \$115.00 each
#3 = \$105.00 "
#4 = \$ 95.00 "

*****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!! Classes for 3 yr. olds, Preschool and Kindergarten are offered only on Sunday morning during the 8:30 Mass **1st-6th graders 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.

or for 6th graders only:

If Sundays or Tuesdays do not work for your 6th grader, you may choose the Junior High Program. This Program is every Monday evening, 5:00-7:00 p.m. (the last half hour includes dinner which is shared with the High School Group, 6:30-7:00 p.m.).

Please place our 6th grader in the Junior High Program _____

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 15th we may **not** be able to honor this request:

Your child's name:

Requested child's name:
