The Catholic Community of Pleasanton

Guidelines for August Registration 2019/2020

Faith Formation Program

❖ STEP 1: Are you registered in the Parish? If the answer is YES, skip to STEP 2! If the answer is NO, please register at the rectory, or fill out a Parish Registration form, in addition to the Faith Formation Registration form.

❖ STEP 2a: Print and fill out all pages of the Faith Formation registration form, and don't forget to sign the back!
❖ STEP 2b: Attach a copy of your child's baptismal certificate if not already on file (EVEN IF YOUR CHILD WAS BAPTIZED AT CCOP)
Bring these forms with you to registration! If mailing, please include a baptismal certificate if needed.

❖ STEP 5b: Turn in the completed registration form, baptismal certificates (if needed) and tuition. We do accept Visa and Mastercard. If you are paying by check, please make it payable to: The Catholic Community of Pleasanton (C.C.O.P.). And that’s it!

One Child - $170.00
Two Children - $250.00
Three Children - $330.00
Four or More - $410.00

Sacrament Fee: (First Eucharist, Confirmation- due if they are in their 2\textsuperscript{nd} year of preparation) - $70.00

Payment is due at time of registration

It is presumed that registered families are using weekly envelopes, as parish funds greatly supplement Faith Formation Programs
2019/2020 Faith Formation Registration

FAMILY LAST NAME: ________________________________ (Please Print)

(FAMILY ID#: ____________________________)

Parent/Guardian (with whom the child resides):

Father: ___________________ Religion: __________ Bus Phone: (_____) __________ Marital Status: __________

Mother: ___________________ Maiden Name: __________ Religion: __________ Bus. Phone: (_____) __________

Address: ___________________ ZIP: __________ Home Phone: (_____) __________

EMAIL ADDRESS*: ___________________ Cell Phone: (_____) __________

(Required) (PLEASE PRINT CLEARLY) * Email is the main way we communicate with you. We do not publish or share your email address.

Non-Resident Parent (if applicable):

Father: ___________________ Religion: __________ Bus Phone: (_____) __________ Marital Status: __________

Address: ___________________ ZIP: __________ Home Phone: (_____) __________

Please List All Children That You Are Registering In The Program

<table>
<thead>
<tr>
<th>Child’s First/Last Name</th>
<th>M/F</th>
<th>Date Of Birth</th>
<th>School</th>
<th>Grade / Sep ’19</th>
<th>Baptized (Y/N)</th>
<th>1st Eucharist (Communion)</th>
<th>1st Reconciliation (Confession)</th>
<th>Confirmation</th>
<th>Sacrament Code</th>
<th>Class Code</th>
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Have the children attended a religious education program elsewhere? Yes / No

Where? (Program Name and Location) ________________________________

For Office Use Only

Tuition Fee: _______ Sacrament Fee: _______ Total Due: _______ Tuition Paid: _______ Balance Due: _______ Check #: _______ Cash ☐


Payment is due at the time of registration. Please make checks payable to The Catholic Community of Pleasanton (C.C.O.P.)

It is presumed that registered families are using weekly envelopes, as parish funds greatly supplement Faith Formation Programs
Diocese of Oakland – Faith Formation Program  
Parental Permission/Health Authorization Form - 2019/2020

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<tr>
<th>Student:</th>
<th>Grade:</th>
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Parents/Guardians: ____________________________________________  
Home Phone: _________________

Address: ____________________________________________  
Work Phone: ____________________

Persons other than parents authorized to be notified and/or to pick up my/our child(ren) in case of emergency:

Name: ____________________________  
Phone: ________________

I/We, parents/guardians of the above-named child(ren) hereby give our permission for their participation in any and all Faith Formation/Youth Ministry activities. I/We agree to direct child(ren) to cooperate/conform with directions/instructions of Faith Formation/Youth Ministry personnel responsible for Faith Formation/Youth Ministry activities. I/We agree that in the event my/our child(ren) are injured as a result of their participation in Faith Formation/Youth Ministry activities, including transportation to/from these activities, whether or not caused by the negligence of the parish Faith Formation/Youth Ministry program, or any of its agents or employees, recourse for payment of any resulting hospital, medical or related costs and expenses will first be had against any accident, hospital or medical insurance, or any available benefit of mine/ours.

In the event we cannot be reached in an emergency, I/We give permission for my child(ren)/s teacher/adult leader to authorize by his/her signature whatever medical treatment may be necessary by the attending physician for my/our child(ren). ☐Yes  ☐No

Parent/Guardian Signature(s): ____________________________________________

Family Physician: ____________________________  
Phone: ________________

Address: ____________________________  
City & Zip: ____________________________

Medical Plan: ____________________________  
Plan #: ________  
Group: ________

If you do not want medical care given to your child(ren), please state reasons: ____________________________________________

Does any child have any special needs (Learning Disabilities, Physical Disabilities, Medical) Please Circle: ☐Yes  ☐No

Name of Child(ren): ____________________________________________

Nature of special need (i.e. ADD, Diabetes, IEP at school, allergies, vision or hearing issues): ____________________________________________
IF YOU ARE MAILING OR DROPPING YOUR REGISTRATION OFF, PLEASE COMPLETE THIS ADDITIONAL FORM

Please place an “X” in the proper column for each child you are enrolling and circle the session time.

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<tr>
<th>Program Registration</th>
<th>TUES.</th>
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<tbody>
<tr>
<td>Eucharist Program (Gr 1-5, have NOT received Eucharist)</td>
<td>3:45pm-5:15pm</td>
<td>3:45pm-5:15pm</td>
<td>7:30pm-9:00pm</td>
<td>2:15pm-3:45pm</td>
<td>7:30pm-9:00pm</td>
<td>4:00pm-5:30pm</td>
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<td>2X a Month</td>
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<td>Elementary Program (Gr 3-5 have already received Eucharist)</td>
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<td>Middle School Ministry (Gr 6-8, all students including those needing sacraments)</td>
<td>OR 5:45PM-7:15PM</td>
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<td>Confirmation FIRST YEAR (Gr 9-11)</td>
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<td>Confirmation SECOND YEAR (Gr 10-12)</td>
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<td>Youth Ministry (GR 9 – 12) Confirmation Students are automatically enrolled</td>
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Child’s First Name

Program registration fees (After August 13th): $170.00 for 1st child

$170.00 X 1 = _____ 170.00

$80.00 for each subsequent child registered

$ 80.00 X _____ = +__________

Sacrament Fees: $70.00 per child, per sacrament*

$ 70.00 X _____ = +__________

*(For 1st Eucharist and Confirmation Candidates RECEIVING SACRAMENT IN SPRING 2020)

Discount: Parent/guardian agrees to volunteer as a catechist/teacher

$ 50.00 X _____ = - ______________ less discount

Name(s) of Parent/Guardian volunteers(s): _________________________________ Program (circle one): Elementary Middle School Conf/Youth Ministry

TOTAL REGISTRATION FEE DUE: = $___________

Please make checks payable to CCOP or pay via credit card (write info on form to the right) or come to the office in person.

Financial aid and payment plans are available to families. Please contact Sharon Hanson at 925-474-2771 or email her at shanson@catholicofpleasanton.org to discuss options.