

# 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

Three Children - \$330.00

Two Children - \$250.00

Four or More - \$410.00

Sacrament Fee: (First Eucharist, Confirmation-due if they are in their 2<sup>nd</sup> 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

Date Registered: \_\_\_\_\_

Parish ID#: \_\_\_\_\_



**FAMILY LAST NAME:** \_\_\_\_\_

*(Please Print)*

**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 We do not publish or share your email address.*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**

Child's First/Last Name	M/ F	Date Of Birth	School	Grade /Sep '19	Baptized (Y/N)	Has The Child Received Their			Sacrament Code	Class Code
						1 <sup>st</sup> Eucharist (Communion)	1 <sup>st</sup> Reconciliation (Confession)	Confirmation		
					Yes / No	Yes / No	Yes / No	Yes / No		
					Yes / No	Yes / No	Yes / No	Yes / No		
					Yes / No	Yes / No	Yes / No	Yes / No		
					Yes / No	Yes / No	Yes / No	Yes / No		
					Yes / No	Yes / No	Yes / No	Yes / No		

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

Catechist Waiver  Waiver \$: \_\_\_\_\_ Program: \_\_\_\_\_ F.A. Requested:  F.A. Approved:  F.A. Amount: \_\_\_\_\_

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



Student: \_\_\_\_\_ Grade: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
Student: \_\_\_\_\_ Grade: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
Student: \_\_\_\_\_ Grade: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
Student: \_\_\_\_\_ Grade: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
Student: \_\_\_\_\_ Grade: \_\_\_\_\_ Birthdate: \_\_\_\_\_

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.	<i>Eucharist Program (Gr 1-5, have NOT received Eucharist)</i>		<i>Elementary Program (Gr 3-5 have already received Eucharist)</i>		<i>Middle School Ministry (Gr 6-8, all students including those needing sacraments)</i>		<i>Confirmation FIRST YEAR (Gr 9-11)</i>		<i>Confirmation SECOND YEAR (Gr 10-12)</i>		<i>Youth Ministry (GR 9 – 12) Confirmation Students are automatically enrolled</i>
	<b>2X a Month</b>		<b>2X a Month</b>		<b>WEEKLY</b>		<b>2X a Month</b>		<b>2X a Month</b>		<b>WEEKLY</b>
	PLEASE CIRCLE ONE SESSION		PLEASE CIRCLE ONE SESSION				PLEASE CIRCLE ONE SESSION		PLEASE CIRCLE ONE SESSION		
Child's First Name 	TUES.	WED.	TUES.	WED.	TUE.	SUN.	MON.	SUN.	MON.	MON.	
	3:45pm-5:15pm	3:45pm-5:15pm OR 5:45PM-7:15PM	3:45pm-5:15pm	3:45pm-5:15pm OR 5:45PM-7:15PM	7:30pm-9:00pm	2:15pm-3:45pm	7:30pm-9:00pm	4:00pm-5:30pm	7:30pm-9:00pm	7:30pm-9:00pm	

**Program registration fees (After August 13<sup>th</sup>):** \$170.00 for 1<sup>st</sup> 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 1<sup>st</sup> 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@catholicsofpleasanton.org](mailto:shanson@catholicsofpleasanton.org) to discuss options.

Please fill in to pay by credit card:

Cardholder's Name: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Card Number: \_\_\_\_\_

Security Code: \_\_\_\_\_ Amount \$ \_\_\_\_\_ zip code (billing add): \_\_\_\_\_