

FAITH FORMATION REGISTRATION FORM 2023-2024



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# _____	
<i>(Please Circle Designated Head of Household: Mother or Father)</i>					
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.

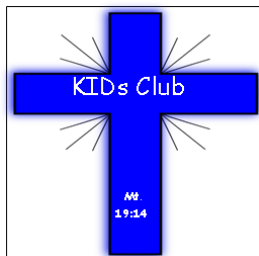
These photos/videos will be for the use of our parish only.

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 2023-2024 Faith Formation Year



KIDs Club: Elementary: PreK4 - 5th Grade

Session A: Sundays 8:30 AM - 9:45 AM

Session H: Home Study (only available in a Non-Sacramental year.)

First Reconciliation & 1st Eucharist Preparation:

Attends KIDs Club & does additional preparation at home.

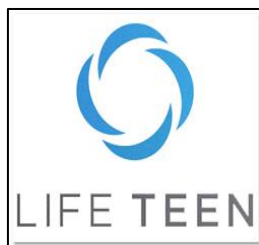


EDGE: Middle School: 6th - 8th Grades

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: 6:30 PM - 8:00 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 each additional 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 choose YES or NO by circling one:

If YES (Where?) _____

If NO: This will be your child's foundational year & your child WILL NOT receive sacraments until the Spring of 2025.

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

(Circle/Check all that apply) ARE YOU SEEKING A SACRAMENT FOR YOUR CHILD THIS YEAR? YES NO

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

SESSION A: Sunday, 8:30 AM - 9:45 AM

SESSION: A C

____ EDGE: 6TH - 8TH

GRADE: ____ 6th ____ 7th ____ 8th

SESSION: Wednesday, 7:00 PM - 8:15 PM

____ LifeTeen: 9TH - 12TH

GRADE: ____ 9th ____ 10th ____ 11th ____ 12th

SESSION: Sunday, 6:30 PM - 8:00 PM

1 Box per child

(Please complete for each of your children)

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

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