

Please complete all forms and return to the Faith Formation office

Our Middle School Ministry Classes will begin Wednesday October 5, 2016.

Registration closes on September 28, 2016.

Important note: Please make sure all forms are filled out completely then submit all of the following items:

- Middle School Registration Form
- Minor Permission and Release Form
- Registration fee \$100.00
- Copy of baptismal certificate (Only if they are preparing for Eucharist)
- Transfer letter, if applicable

Registration Fees:

\$100.00 per child, per year 1st-8th grade

Second year

\$100.00 per child, plus sacramental preparation that you need to pay after the sacramental prep parent information meeting.

Sacramental Preparation

\$30.00 for sacrament prep Per child 2nd year only

\$ 50.00 Unbaptized children Per child 2nd year only

Note: All fees are non-refundable.

You can register at the parish office during the following hours;
Monday thru Friday 9:00a.m to 5:00p.m. (Office is close from 12-1 pm for lunch)
If you have any questions or concerns at any time, please feel free to contact,

Rosa Rama
Director of Faith Formation
Office (949)492-4101 ext.104
Fax (949)492-4856
Email: rrama@olfchurch.net



Our Lady of Fatima Church
105 N La Esperanza
San Clemente, CA 92672
Phone: (949)492-4101 Fax: (949)492-4856

Dear Parents;

Welcome to Our Lady of Fatima Parish Middle School Ministry. We are honored to be supporting your efforts at raising your children in the Catholic faith. We consider this a powerful opportunity for parents and catechist, to work together to enrich and expand our children's lives through faith.

I feel very privileged to be a part of this wonderful community. I hope and pray that I will be able to serve you and your children with humbleness and great respect. We are blessed with a Team that is eager to share Christ's love. The Team is dedicated to provide a rich ministry experience.

- Children from 6th to 8th can be part of Middle School Program
- Our Middle School Program takes place every Wednesday from 6:30- 8:00 pm in room E of McGowan Hall during the months of October to May.
- Sacramental preparation is available and is a two year preparation with a retreat and other activities during the second year of preparation.
- Pre-Catechumenate and Catechumenate Process (unbaptized children) is a process of two years; the first year, they attend regular classes only and the second year they attend classes, Sunday Mass dismissals, and other special events regarding their Initiation.

We'll be hosting a parent meeting that will take place on Wednesday **September 28rd at 6:30 pm in McGowan Hall room E**. I encourage you to attend the meeting. At this meeting, you will receive a schedule of all classes for the year, meet the catechist and meet the other middle school parents. Your presence is important, please make an effort to attend.

Middle school Ministry will begin Wednesday **October 5th at 6:30 pm**

- You can join our efforts by supporting the Middle School Ministry in several ways:
- Bring and pick up your child on time.
- Call the Faith Formation Office if your child is unable to attend the MSM night.
- Inform the catechist if your child has special needs.
- Sign up to bring snack on any given MSM night or retreat.
- Please notify the Faith Formation office immediately with changes of address, phone numbers, or email.

Our Lady of Fatima

Middle School Youth Ministry Registration Form

(Please complete both sides of this form- One form for each child)

Child's Full Name: _____

Child's Gender (circle one): Male Female Nickname: _____

Child's Grade (circle one): 6th 7th 8th Name of School: _____

Child's Birthday: ____/____/____ (MM/DD/YYYY)

My Child is (circle one): an only child has ____ siblings

My Child has received (**circle all that apply**): Baptism / Reconciliation / Communion / Confirmation

Child's Cell Phone: _____

Mother/Guardian's First Name: _____ Cell Phone: _____

Father/Guardian's First Name: _____ Cell Phone: _____

Family Email (Almost everything will be done via email, please make sure it is an active email):

Please indicate the method you prefer to receive information: US mail Email Call Text

Is there a medical condition, allergy, or physical disability we should know about?

No Yes Please explain:

Is there a learning disability (dyslexia, ADD or ADHD) we should know about?

No Yes Please explain:

In case of emergency or disaster, who can we contact? (Must be someone you trust and available to pick up your child)

Contact Name (Related): _____ Phone #: _____

Contact Name (Not Related): _____ Phone #: _____

Doctor's name: _____ Phone #: _____

I hereby authorized the office of faith formation to obtain emergency medical treatment for my child if I cannot be reach.

Parent or Guardian's signature

**Our Lady of Fatima Catholic Church
Faith Formation for Children Program**

**Minor Permission and Release Form
for FFC Education Events held at Our Lady of Fatima Church**

Program: Participation in FFC Program of Our Lady of Fatima (including FFC Classes, Sacramental preparation, retreats and other parish events and activities.) This authorization is valid for any and all Faith Formation Program events held on Our lady of Fatima Parish grounds only, from today's date until June 30, 2016.

Please note: A separate release form is required for all events NOT occurring on Our Lady of Fatima Parish grounds.

PLEASE PRINT

Participant/Child's Full Name: _____

Street Address: _____

City: _____ Zip Code: _____

Home Phone #: _____ Cell # _____ Birth date: _____

Mother/Guardian's Name: _____ Phone: _____

Father/Guardian's Name: _____ Phone: _____

Name of Emergency Contact (other than parent): _____

Emergency contact person's phone number: _____

Family Physician: _____ Phone: _____

Insurance Company: _____ Policy#: _____

Allergies/Medical Problems/Disabilities: _____

I, the parent (guardian) of _____ hereby give my permission for her/his participation in the above named activity. I agree to direct my child to cooperate and conform to directions and instructions of parish, school, and diocesan personnel responsible for this activity.

As a condition of my child being allowed to do so, I hereby release and discharge the Diocese of Orange, its constituent organizations, including, but not limited to, The Roman Catholic Bishop of Orange, a Corporation Sole, and their officers, employees and volunteers from any and all claims for personal injuries or property damage that s(he) may suffer as a result of his/her participation in the activity described above, whether or not such injuries or damages are caused by the negligence, active or passive, of any of the entities, individuals named or described above.

I agree that in the event my child being injured as a result of his/her participation in the above named activity, whether or not caused by the negligence, active or passive, of the parish, school, or diocesan youth activities program, or any of its agents or employees, recourse for the payment of any resulting hospital, medical or dental insurance or any available benefit plans of mine or my spouse. I am aware of any medical condition of my child which would render it inappropriate for him, her to participate in any activity.

I, hereby give permission to the physician, nurse, dentist or licensed care staff selected by the supervisory personnel then present to render medical, dental or other appropriate treatment deemed necessary and appropriate by the physician, nurse, dentist or licensed care staff.

I, hereby authorize the making of photographs, motion pictures, video tapes, recordings, or other memorializing of said event and my child's participation therein, and the publication and duplication or other use thereof. I, hereby, waive any rights to compensation or any right that I otherwise might have to limit or to control such making or use.

Parent/Guardian's Signature

Today's Date