



Divine Mercy Catholic Church

2231 Club Center Drive, Sacramento CA 95835

Parish Office Tel: (916)256-3134 Website: www.divinemercynatomas.com

DRE (CFF)Email: rosanylmagoleno04@yahoo.com

DRE Tel: (916) 690-3488

CFF General Registration Form

CFF Program Donation (registration, books & materials)

1 child-----\$ 85.00

2 children-----\$ 160.00

3 children-----\$ 220.00

4 or more children----- **+\$50.00/addition**

Sacramental Fees (in addition to the registration fee):

First Eucharist \$ 100.00 (for Eucharist 2 children only)

Confirmation \$230.00 (for Confirmation2/OCIC 2 children only)

Retreat/ Recollections/Fired-up)

Make checks payable to **Divine Mercy Parish**

For Office Use only:

Date:

Paid: \$

Check #

Balance: \$

☐ Cash

Received By:

Receipt #

Note: Payment is required & non-refundable upon registration

PLEASE PRINT CLEARLY

SUBMISSION DATE:

STUDENT INFORMATION: ☐ **NEW** ☐ **OLD** (continuing from previous year) ☐ **Returnee** (took a break)

Child's Baptismal Name:

(First name, Middle, Last Name)

Birthdate: (mm/dd/yyyy):

Gender:

M / F

School grade
by Fall:

Date of Baptism: (mm/dd/yyyy)

Place of Baptism:

CFF Grade & SESSION:

☐ **Sundays 9:00 am-10:30am**

(Only for those who need Baptism & those coming for faith formation for the first time)

☐ **Sundays
10:45 am- 12:15pm**

☐ **Mondays
6:00 pm – 7:30 pm**

**CFF grade
level:**

REQUIRED DOCUMENTS (copies only) TO BE SUBMITTED:

☐ Birth Certificate (**if** not baptized) _____

☐ Baptismal Certificate for First communion/Confirmation: _____

Address of the place of Baptism: _____

Sacraments needed this year: ☐ Baptism ☐ Reconciliation ☐ Eucharist ☐ Confirmation

Allergies: (Drug or Food)

Medicines currently taking:

Frequency & Dosage of Medication:

Health/Behavioral or Learning Concerns: (Please indicate those that are important for the catechists to know such as; seizures, asthma, visual or hearing disabilities, ADHD, difficulty in reading or writing, etc.)

Additional Remarks:

MEDICAL RELEASE AND CONSENT TO TREAT

This release is completed and signed of my own free will with the sole purpose of authorizing medical treatment under emergency circumstance in my absence. This authority is granted only after a reasonable effort has been made to reach me or the above-named emergency contact.

Parent's Signature: _____ Date: _____

PHOTO RELEASE:

Divine Mercy Parish has my permission to publish my child's(children's) photograph in or on the parish's:

☐ Church bulletin ☐ website/Facebook pages ☐ other parish publication

FAMILY INFORMATION

Father's Last Name:	Mother's Maiden Name:
First Name:	First Name:
Religion:	Religion:
Home Phone	Home Phone
Cellphone: _____ Text? Y N	Cellphone: _____ Text? Y N
Alternate phone:(e.g. work/guardian)	Alternate phone:(e.g. work/guardian)
Family Email: (please provide email checked regularly)	
Home Address:	
With whom does the child reside? <input type="checkbox"/> both parents <input type="checkbox"/> mother <input type="checkbox"/> father <input type="checkbox"/> shared custody	
Primary phone we should use: <input type="checkbox"/> home <input type="checkbox"/> Father's cell <input type="checkbox"/> Mother's cell	
IN CASE OF EMERGENCY: during the hours your child is in class, who should we contact?	
Emergency Contact (other than parents):	
Emergency Contact Person's Cellphone:	
Relationship to student:	

CFF Family Commitment Statement

The Catholic Faith Formation in Divine Mercy Catholic Church program **does not replace** the catechesis that the children should be receiving at home. It aims, rather, to work in partnership with the families in order to learn, grow & live their faith. To fully appreciate and enhance our faith journey, we acknowledge the importance of actively participating in the Sacramental life of our church community and contributing our time, talent and treasure for the growth of our Church.

I/We indicate my/our understanding and commitment to our Parish Faith Formation process:

Parent's signature: _____ **Date:** _____

Parent's Initial Here:

	<i>I/We will strive to fulfill the promise I made at my child's Baptism to be the primary person who guides my child's faith development.</i>
	<i>I/We will strive to the practice of faith for myself and my children by participating at Mass every weekend and Holy days of obligation.</i>
	<i>I/We will financially contribute to Divine Mercy Parish on a regular basis a gift that reflects my sincere and honest ability to help support our parish.</i>
	<i>I/We will ensure my child's consistent attendance at weekly sessions (no more than 5 excused absences).</i>
	<i>I/We will participate and be involved with the activities of the program to help sustain the faith formation of our young people.</i>
	<i>I/We will attend any adult (parent) faith formation that is required of us as the primary catechist of my(our) child(children).</i>
	<i>I/We have read and will abide by the CFF General Guidelines.</i>

TIME ~ TALENT ~ TREASURE

Volunteer opportunities

We recommend at least **five (5) hours** of volunteer service from the parents/guardians of our children enrolled in faith formation. Please select **at least (1) one** area in which you can commit to serve. Sign in with the Director of Religious Education or CFF representative each time you come for your volunteer service.

We rely on the graciousness of dedicated volunteers to serve in catechetical ministry. Please consider how you might help to serve in faith formation

Name of Volunteer:

Email:

Mobile:

***A background check and fingerprinting (live scan) is required by the Diocese and the Parish for all volunteers working with children. Please submit this form to the CFF office and we will contact you.**

1	I am interested in serving as a catechist*. (Day/Time/Grade):
2	I am interested in serving as an assistant catechist or catechist aide*. (Day/Time/Grade):
3	I can help with some CFF office's computer or clerical work.
4	I will help by donating needed hospitality items/classroom supplies throughout the year.
5	I can help set up the portable rooms during special CFF events.

6	I can help clean up the portable rooms during special CFF events.
7	I can chaperone/drive for our Confirmation candidates in their outside activities like the retreat or Confirmation conference*.
8	I can help with sewing and other crafts needed for materials for our Christmas pageants, All Saints' Day or other events.
9	I can help tidy up and arrange the Missals in the pews between masses on weekdays and/or weekends.
10	I would like to help with: (please specify)

Printed Name of Parent/Guardian: _____

Parent/Guardian Signature: _____ *Date:* _____