



1330 Sunshine Ave.  
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## **FAITH FORMATION 2019-2020 Registration Grades K – 8**

Classes will begin **August 17<sup>th</sup>** at 5:15pm for Saturday Enrollment OR **August 24<sup>th</sup>** at 6pm for Wednesday Enrollment.

For the first class we ask that parents and children come to the Holy Family Room in the Family Enrichment Center upon arrival. We will begin with prayer, introduction of teachers, and dismissal of children to classes. Following dismissal, parents will stay in the Holy Family Room for a parent meeting.

**Early Registration Discount – by May 4<sup>th</sup>, 2019**

***DISCOUNTED FEE: \$30 Per Child or \$75 Family Maximum (3 or more children)***

**Regular Registration – May 5<sup>th</sup> through August 12<sup>th</sup>, 2019**

***REGULAR FEE: \$40 Per Child or \$95 Family Maximum (3 or more children)***

**Late Registration – August 13<sup>th</sup>, 2019 and after**

***LATE REGISTRATION FEE: \$50 Per Child***

***\*Late fee is waived for new parishioners and those moving into the area after the start of the school year.***

**Questions: Call the Faith Formation Office at 787-6354 ext. 238**

***Thank You. Elizabeth Stephanz, Coordinator of Youth Faith Formation***

This packet is also available in Spanish.  
Este paquete también está disponible en Español.



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April 6, 2019

Parents/Guardians,

God bless you for supporting your child in the Catholic Faith. We know you take your responsibility seriously.

All of us at St. Paul Catholic Community, especially our parish staff, wish to assist you in nurturing the faith of your child. In addition to participation in a yearly faith formation program, where children are trained in the knowledge of the faith, it is essential for children to participate in the Mass. The Eucharist is "the source and summit of the Christian faith," and weekly Mass is essential if we are to raise children who grow up to be strong Catholics. In keeping with this belief, our parish is offering our Faith Formation program on two evenings this year:

- 1) Saturday (5:15pm-6:45pm) – Classroom based faith formation grades K-8. **(BEGINS August 17, 2019)**
- 2) Wednesday (6:00pm-8:00pm) – Classroom based faith formation grades K-5. **(BEGINS August 21, 2019)**  
LifeTeen:Edge based faith formation grades 6-8. **(BEGINS August 21, 2019)**

#### **To register for sessions, Grades K-8**

- 1) Please fill out the attached registration form for the 2019-2020 Faith Formation year and return it to us by **May 4<sup>th</sup>, 2019** to receive the **Early Registration DISCOUNT**. (See note attached regarding fees).
- 2) Please fill out the emergency form, **and**
- 3) Please fill out the Diocese of Orlando waiver concerning taking pictures of your child.
- 4) Please be aware that if you wish to register for 1<sup>st</sup> Eucharist or Confirmation, there is an additional form that must be completed for Sacramental Prep registration.

#### **There are different ways you can submit your registration form:**

- \* Drop the fee and forms in the collection basket – **Attn: Faith Formation**
- \* Drop fee and forms off at the Parish Office – (M-F: 8:00 a.m. – 5:00 p.m.) – **Attn: Faith Formation**
- \* Mail fee and forms to the above address – **Attn: Faith Formation**

Please enclose the registration fee along with the registration forms; only one form is needed per family. Please make checks payable to **St. Paul Catholic Community**. In the lower left hand corner of check please add, "**Attn: Faith Formation.**" If your child's last name is different from yours, please also add your child's first and last name in the lower right hand corner of the check.

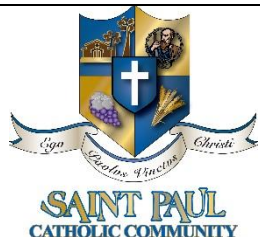
The registration fee cover the cost of books and other materials, socials, and gatherings throughout the year. We believe it is our duty as a parish Community to support the faith formation of your child, so if the registration fee for Faith Formation creates a financial hardship, please let us know and we will be happy to offer a scholarship.

If you have any questions, or for more information, please call the Faith Formation Office, 352-787-6354 x 238.

May Jesus, the Living Word, bless and keep your family.

Yours in Christ,

Elizabeth Stephanz, MA, MS, MT-BC  
Coordinator of Youth Faith Formation



## FAITH FORMATION REGISTRATION 2019-2020

**Early Registration (before May 4<sup>th</sup>): \$30/Child  
or \$75/Family**  
**Regular Registration (May 5<sup>th</sup>-August 12<sup>th</sup>):  
\$40/Child or \$95/Family**  
**Late Registration (after August 13<sup>th</sup>): \$50/Child**

- P L E A S E P R I N T -

Family Last Name \_\_\_\_\_ Home Phone # \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Father's Full Name \_\_\_\_\_ Religion \_\_\_\_\_  
 Occupation \_\_\_\_\_ E-mail \_\_\_\_\_  
 Work # \_\_\_\_\_ Cell # \_\_\_\_\_ Language: English Spanish Bilingual  
Circle One

Mother's Full Name \_\_\_\_\_ Religion \_\_\_\_\_  
 Occupation \_\_\_\_\_ E-mail \_\_\_\_\_  
 Work # \_\_\_\_\_ Cell # \_\_\_\_\_ Language: English Spanish Bilingual  
Circle One

Guardian's Full Name \_\_\_\_\_ Religion \_\_\_\_\_  
 Occupation \_\_\_\_\_ E-mail \_\_\_\_\_  
 Work # \_\_\_\_\_ Cell # \_\_\_\_\_ Language: English Spanish Bilingual  
Circle One

Have you completed **and** handed in a parish registration form for St. Paul Catholic Community? Yes \_\_\_ No \_\_\_  
 Was your child enrolled in faith formation classes at St. Paul Catholic Community last year? Yes \_\_\_ No \_\_\_  
 If no, where did your child attend classes?  
 Parish \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Please complete the following information for the **2019-2020** School Year:

Child's Full Name	Grade	Date of Birth	Age	School

**Sacraments received: Baptism: Y or N Reconciliation: Y or N Eucharist: Y or N Confirmation: Y or N**

Child's Full Name	Grade	Date of Birth	Age	School

**Sacraments received: Baptism: Y or N Reconciliation: Y or N Eucharist: Y or N Confirmation: Y or N**

Child's Full Name	Grade	Date of Birth	Age	School

**Sacraments received: Baptism: Y or N Reconciliation: Y or N Eucharist: Y or N Confirmation: Y or N**

I want to enroll my child(ren) in the: Saturday Faith Formation Classes OR Wednesday Faith Formation Classes  
Circle One

Please provide us with a copy of your child's **Baptismal Certificate** by **September 4<sup>th</sup>, 2019** OR  
 Parish Name \_\_\_\_\_ Date of Baptism \_\_\_\_\_

I certify that the information is correct and will be updated as needed.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Parents, are you interested in volunteering in the faith formation program? Y or N (circle one)

# Emergency Information



**While your child is in our care, it is important for us to have the following information.**

In an emergency, we will always attempt to contact the child's parent/guardian first. In the event that they are not available, please list an additional emergency contact person for us to contact.

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

In addition to the Parents/Guardians and the above listed Emergency Contact person, the following are the only other people who are allowed to pick up my children:

1) \_\_\_\_\_ 2) \_\_\_\_\_

Please describe any child custody arrangements: \_\_\_\_\_  
\_\_\_\_\_

**Child #1 Name:** \_\_\_\_\_  
Chronic Medical Conditions (Including Allergies): \_\_\_\_\_  
Learning Difficulties, Conditions, or Disabilities: \_\_\_\_\_  
Current Medications: \_\_\_\_\_  
Does your child have an epi pen?   Y   N

**Child #2 Name:** \_\_\_\_\_  
Chronic Medical Conditions (Including Allergies): \_\_\_\_\_  
Learning Difficulties, Conditions, or Disabilities: \_\_\_\_\_  
Current Medications: \_\_\_\_\_  
Does your child have an epi pen?   Y   N

**Child #3 Name:** \_\_\_\_\_  
Chronic Medical Conditions (Including Allergies): \_\_\_\_\_  
Learning Difficulties, Conditions, or Disabilities: \_\_\_\_\_  
Current Medications: \_\_\_\_\_  
Does your child have an epi pen?   Y   N

In the event of an emergency while attending this parish program, I give permission for staff and volunteers to perform basic first aid and/or seek emergency medical or surgical treatment, including emergency transportation. I wish to be advised prior to any further treatment by the hospital or doctor.

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_



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## Diocese of Orlando Photo/Video/internet Permission

### Consent, Waiver, Release

For and in consideration of benefits to be derived from the furtherance of the educational programs of the Diocese of Orlando (I) (We), the undersigned parent(s) or legal guardian(s) of \_\_\_\_\_ (Child(ren)s Full Name) enrolled at St. Paul's Catholic School and/or the Parish Faith Formation Program do hereby consent, authorize and grant permission to the Diocese of Orlando, St. Paul's Catholic School, The Parish Faith Formation Program, and Faith Formation Vacation Bible School, Leesburg, Florida, its agents, employees or duly authorized representative to take photographs, motion pictures, video or audio tapes of said student and do further consent to the publication, circulation and dissemination of said photographs, motion pictures, video or audio taped or any duplication or facsimiles thereof for any purposes it may deem proper.

In granting such permission (I) (We) hereby relinquish and give to the Diocese of Orlando, Orlando, Florida, all right title, and interest (I) (We) may have in the finished pictures, negatives, reproductions or copies and further waive any and all rights to approve the use of such photographs, motion pictures, video or audio tapes and so release any and all claims of any nature whatsoever arisen for their use.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

***Mission Statement: St. Paul Catholic Community builds disciples, grows our faith and serves others in Christ's name.***