



2026 – 2027 SUNDAY SCHOOL REGISTRATION for Ages 4-5



**Children are to be dropped off at least 5 minutes before Mass
and picked up at least 10 minutes after Mass.**

IN-PERSON REGISTRATION

**located at the Faith Formation Office
(Monday - Thursday), from 12:00 PM to 6:00 PM**

- **July 14 to July 16, 2026**
 - **July 19 to 23, 2026**
 - **July 26 to July 30, 2026**
 - **August 4 - August 9, (by appointment only)**
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Please return the completed forms at the Registrations Dates above.

- Family Registration, Emergency, Student/Session Info., Fee Sheet.
- Copies of Birth and Baptism Certificates
- Tuition: Cash, Check, or Card

There will be no online payments or deposits available this year. Our office is equipped with a card reader for payments for your convenience.

Please contact the Office of Faith Formation prior to the registration deadline if you are not able to submit payment in full. If arrangements are not made before the deadline, late fees will be applied.

Important Dates to Remember:

Aug. 9, 2026 Registration Deadline
Sept. 13, 2026 First Day of Sessions

Summary of Parent Requirements:

- Parent Orientation & Resource Nights
- Family attendance at Sunday Mass & Holy Days
- Parent Volunteer/Service Hours

These and other calendar topics are to be covered on Orientation Night.

To maintain our required teacher-to-student ratio and ensure a quality learning environment, we are only able to accommodate 20 children

Parish ID # _____
Fam. Name: _____

SUNDAY SCHOOL FOR AGES 4 - 5
Student Information and Session Selection 2026-27
SUNDAYS AT 10:00AM

STUDENT

☐ Male ☐ Female

Student's Full Name _____

Date & Place of Birth _____

School (Sept. 2026) _____

Grade (Sept. 2026) _____

Sacraments Received

Baptism: ☐ Yes ☐ No

Date/Year

Church

Does this Student have an IEP or 504 Plan? ☐ Yes ☐ No. If Yes, please advise if accommodations may be needed. _____

Does this student take any medications? ☐ Yes ☐ No. If yes, please list below. _____

Does this student have any type of allergies or Asthma? ☐ Yes ☐ No. If yes, please list below. _____

FAMILY INFORMATION

Family Name _____

Email address _____

Address _____

City _____

State & Zip _____

PARENT/GUARDIAN INFORMATION

Father's Full Name _____

Cell Phone _____

Mother's Full Maiden Name _____

Cell Phone _____

Child(ren) resides with: ☐ Both Mother and Father ☐ Mother ☐ Father ☐ Other: _____

STEP-PARENT INFORMATION (if applicable)

Step-Parent's Name _____

Cell Phone _____

Step-Parent's Email Address _____

Religion _____

SUNDAY SCHOOL FOR AGES 4 - 5

EMERGENCY INFORMATION & ACTIVITY PERMISSION 2026-27

Emergency Information

Family Physician

Phone

Health Insurance Co.

Policy No.

In the event of apparent serious illness or accident, when I cannot be reached, I wish one of the following persons to be notified by phone. They are authorized to act in my absence, and they will be notified that their names have been used on this form.

(Please do not list parent or guardian below; it must be someone nearby who can be reached quickly.)

Name / Nombre

Relationship

Telephone

Name / Nombre

Relationship

Telephone

Activity Permission, Emergency and Release for Faith Formation (FF) Sessions 2024-2025

THE FOLLOWING PERMISSION AND RELEASE PERTAIN TO MINORS PARTICIPATING IN THE ABOVE-MENTIONED ACTIVITY/EVENT. I, the parent/guardian of the above-named child(ren), hereby give my permission for his/her participation in the above-named activities. I agree to direct my child(ren), to cooperate and conform with directions and instructions of St. Hedwig parish or diocesan personnel responsible for these activities. As a condition of my child(ren) 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 he/she may suffer as a result of his/her participation in the activity described above, whether or not such injuries or damage 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(ren) is/are injured as a result of his/her participation in the above named activities, including transportation to and from these activities, 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, dental treatment or related costs and expenses will first be had against any accident, hospital, medical or dental insurance, or any available benefit plan of mine or my spouse. I am not aware of any medical condition of my child which would render it inappropriate for him/ her to participate in any activity. I hereby authorize the making of photographs, audio/video recordings, or other memorializing of said events and my son/daughter's participation therein, and the publication and duplication or other use thereof. I hereby waive any right to compensation or any other rights that otherwise I might have to limit or to control such making or use. 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.

Print Parent/Guardian Name

Parent/Guardian Signature

Date



FAITH FORMATION FEE SHEET 2026-2027

Family Name _____

Parish ID. _____

FIRST COMMUNION PREPARATION AND FAITH FORMATION			
Fee Type	Number Enrolling	Cost	Total
Family Registration Tuition- includes 1 child. (on or before August 9, 2026)		\$60.00	
TOTAL:			

Checks payable to: St. Hedwig Church

Registration 2026-2027 closes on: August 9, 2026.

We need to know how many participants to plan for so that we may secure materials, rooms, and teachers. If space is available, we will accept late registration.

Late Fee & Refund:

There is a LATE REGISTRATION FEE of \$25 if you register after the close date. Non-Refundable Fees: Once the sessions begin (on Sept. 15th), **ALL fees** are Non-Refundable. Prior to the start date, fees are refundable, less a \$20 processing charge for each refund before deadline.

I understand that I am responsible for the total amount due listed above and will pay this amount at the time of registration. If needed, I will contact the Office of Faith Formation for special payment arrangements prior to August 9, 2026.

Print Name _____

Signature _____

Date _____

OFFICE USE ONLY

TUITION /PAYMENT INFORMATION:			
Date	Pymt. Amt.	Acct. Bal.	Receipt No. / Notes

Notes:
