SAINT HEDWIG
CATHOLIC CHURCH

Faith Formation

Registrations 2026-2027

Grades 1 - 8

Jesus said, "Let the little children come to me and do not hinder them, for to such belongs the kingdom of heaven."
Matthew 19:14

SAINT HEDWIG CATHOLIC CHURCH

IN-PERSON REGISTRATION
located at the Faith Formation Office
(Monday – Thursday), from 12:00 PM – 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)**

Please return the completed forms at the Registrations Dates above.

- Family Registration, Emergency, Student/Session Info., Fee Sheet.
- Copies of Birth and Baptism Certificates (1st & 2nd Year Prep)
- 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. 1, 2026 @ 6:00 pm;	Parent Orientation (Please do not miss it)
Sept. 15 &16, 2026 @ 5:30pm;	First Day of Sessions

Summary of Parent Requirements:

- Parent Orientation & Resource Nights
- Family attendance at Sunday Mass & Holy Days
- Parish Events, i.e. Autumnfest, Adoration, etc.
- Faith Formation Sessions (Min. of 3 Absences)
- Parent Volunteer/Service Hours
- Parent Meetings for Sacramental Prep.
- Attend FHC Retreat with child (if applicable)

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

Please note: Once the year has begun, you will not be able to move your child(ren) to a different time session.

> In our own time, in a world often alien and even hostile to faith, believing families are of primary importance as centers of living, radiant faith. For this reason the Second Vatican Council, using an ancient expression, calls the family the Ecclesia domestica.[166] It is in the bosom of the family that parents are "by word and example . . . the first heralds of the faith with regard to their children. They should encourage them in the vocation which is proper to each child, fostering with special care any religious vocation." CCC, 1656 – Domestic Church.

SAINT HEDWIG CATHOLIC CHURCH

Parish ID #_____
Family Name:
_____

FAITH FORMATION
FAMILY REGISTRATION FORM 2026-2027

OFFICE OF FAITH FORMATION (562) 296-9023

Please note: Once the year has begun, you will not be able to move your child(ren) to a different time session.

FAMILY INFORMATION

Family Name _____ Home Phone _____

Address _____ City _____ State & Zip _____

PARENT/GUARDIAN INFORMATION

Father's Full Name _____ Cell Phone _____

Father's Email Address _____ Father's Religion _____

☐ Single ☐ Married ☐ Separated ☐ Divorced ☐ Remarried

Address if different from above _____

Mother's Full Maiden Name _____ Cell Phone _____

Mother's Email Address _____ Mother's Religion _____

☐ Single ☐ Married ☐ Separated ☐ Divorced ☐ Remarried

Address if different from above _____

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

- **Primary Contact (choose one)**: ☐ Mother ☐ Father ☐ Step-parent
- **Send E-Mail communications to:** ☐ Both Mother and Father ☐ Mother ☐ Father
- List any special family concerns or custody issues:

_____

STEP-PARENT INFORMATION (if applicable)

Step-Parent's Name _____ Cell Phone _____

Step-Parent's Email Address _____ Religion _____

SAINT HEDWIG CATHOLIC CHURCH

EMERGENCY INFORMATION & ACTIVITY PERMISSION, EMERGENCY & RELEASE

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 for 2025-2026

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 _____

SAINT HEDWIG CATHOLIC CHURCH

Parish ID #_____
Fam. Name:
_____

Student Information and Session Selection 2026-2027

☐ **TUESDAY** SESSIONS 5:30PM – 7:00PM **OR** ☐ **WEDNESDAY** SESSIONS 5:30PM – 7:00PM

Please note: Once the year has begun, you will not be able to move your child(ren) to a different time session.

STUDENT 1: 1st Communion Prep. ☐ Year 1 ☐ Year 2 ☐ On-Going Faith Formation ☐ Male ☐ Female

Student's Full Name _____ Date & Place of Birth _____

School (Sept. 2026) _____ Grade (Sept. 2026) _____

Sacraments Received

Baptism: ☐ Yes ☐ No

Date/Year Church _____

1st Eucharist: ☐ 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.

STUDENT 2: 1st Communion Prep. ☐ Year 1 ☐ Year 2 ☐ On-Going Faith Formation ☐ Male ☐ Female

Student's Full Name _____ Date & Place of Birth _____

School (Sept. 2026) _____ Grade (Sept. 2026) _____

Sacraments Received

Baptism: ☐ Yes ☐ No

Date/Year Church _____

1st Eucharist: ☐ 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.

SAINT HEDWIG CATHOLIC CHURCH

(Cont.) Student Information and Session Selection 2026-2027

Please note: Once the year has begun, you will not be able to move your child(ren) to a different time session.

STUDENT 3: 1st Communion Prep. ☐ Year 1 ☐ Year 2 ☐ On-Going Faith Formation ☐ Male ☐ Female

Student's Full Name _____ Date & Place of Birth _____

School (Sept. 2026) _____ Grade (Sept. 2026) _____

Sacraments Received

Baptism: ☐ Yes ☐ No

Date/Year _____ Church _____

1st Eucharist: ☐ 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.

STUDENT 4: 1st Communion Prep. ☐ Year 1 ☐ Year 2 ☐ On-Going Faith Formation ☐ Male ☐ Female

Student's Full Name _____ Date & Place of Birth _____

School (Sept. 2026) _____ Grade (Sept. 2026) _____

Sacraments Received

Baptism: ☐ Yes ☐ No

Date/Year _____ Church _____

1st Eucharist: ☐ 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.

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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)		$150	
Additional Child Fee or On-Going FF Only) (For families registering more than 1 child in FF)		$60 per additional child	
FF Additional Fees for children in 1st Communion preparation:			
1st Communion Year 2 Student Retreat (includes one student & one parent. For an additional parent $25 extra)		$60	
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 $50 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 $50 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 _____

SAINT HEDWIG CATHOLIC CHURCH

Parish ID #_____
Fam. Name:
_____

OFFICE USE ONLY

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

Notes: