



Little Flower Catholic Parish

well known as

St. Therese of Lisieux

Faith Formation Program 2023—2024

All On-site classes will be held at St. Anastasia School,
629 Glen Flora Ave, Waukegan, IL, 60085

Director of Religious Education
Maria Teresa Mar Requena
mmarrequena@littleflowerwaukegan.org
Parish Office: 2600 Sunset Ave,
Waukegan, IL 60087
847-623-5050
Fax 847-623-5292

Student Name/Nombre del Estudiante	Age/Edad	Tuesday/Martes 6:30 - 8:00 pm	Saturday/Sábado 9:00-10:30 am
E-mail address/Correo electrónico	Gender/Género F M	RCIC CLASSES Some Saturdays 11:00-12:00 pm Please look at the calendar	FC/CI additional Class Some Saturdays 11:00-12:00 pm Please look at the calendar

Name of the School student will be attending? Nombre de la escuela a la que el /la estudiante irá	Grade/Grado	Birth date/Fecha de nacimiento
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Home Address / Dirección City/Ciudad	State/Estado	ZIP/Código Postal
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Primary Phone/ Teléfono Principal	Secondary Phone/ Teléfono Secundario	Texting Phone Teléfono que recibe textos
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Father's Full Name/ Nombre completo del padre	Sacraments Baptism First Com. Conf.
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Mother's Full Name/Nombre completo de la madre	Sacraments Baptism F. Com. Conf.
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Student lives with/Estudiante vive con: _____ Both parents/Ambos Padres
 Are parents married by the Church?/Están los padres casados por la Iglesia? _____
 _____ Father only/Solo el Padre _____ Mother only/Solo la Madre _____ Other/Otro
 Both parents have legal Custody/Ambos padres tienen custodia legal _____ Yes _____ No
 Any of the parents has deceased/Alguno de los padres ha fallecido? Yes _____ No _____

OFFICE USE ONLY				
RCIC	FC	FC/CI	CI	CII
Catechist: _____				

SACRAMENTAL RECORDS	
<input type="checkbox"/>	Copy of Birth Certificate On file - RCIC ONLY
Birth Place: _____	
<input type="checkbox"/>	Copy of Baptismal Certificate on file
Baptism date: _____	
Church: _____	
<input type="checkbox"/>	Copy of First Communion Certificate on file
FC Date: _____	
Church: _____	

FEE PER YEAR - PER HOUSEHOLD CUOTA ANUAL POR FAMILIA	Amount
1 Student/ 1 Estudiante	\$ 240
2 Students/ 2 Estudiantes	\$ 400
3 Students or more/ 3 Estudiantes o mas	\$ 540
Payment Plan fee	\$ 5
\$100 Donation in Lieu of Parish Service	\$
Sacramental Fee, Per Student Baptism \$ 75.00 First Communion \$20.00 Confirmation II \$75.00	
EARLY BIRD REGISTRATION	(-\$40.00)
TOTAL DUE AT REGISTRATION	\$
Previous Balance/Balance Previo	\$
PAYMENT/Pago	\$
BALANCE DUE/Balance a Pagar	\$

Payments are expected to be paid in full before the start of classes. However, if a payment plan is required, up to 4 monthly payments are offered and will be setup using our online service through GiveCentral. **\$5.00 Service Fee will be assessed/\$5.00 Cuota de Servicio se agregará al total. Service fee is waived if paid in full/Cargo de servicio se cancela si se paga todo completo.**

PAYMENT PLAN OPTION (Office Use Only/Solo Para Uso de la Oficina)					
	Date	Amount	Form of Payment	Receipt Number	Balance
1					
2					
3					
4					
5					
6					
7					
Total					

**Once classes start, there is no refund.
Una vez que las clases inicien, no hay reembolso.**

Name on Card/Nombre en Tarjeta: _____

Card Number/Número de Tarjeta _____

Exp. Date/Fecha de Exp: _____ Cvv No. _____

I will call the church office to provide card information/
Llamar a la oficina de la iglesia para dar información de la tarjeta.

If the cardholder information is different/Si el usuario de la tarjeta es otro:

Address: _____

City: _____ ZIP CODE _____

Email: _____

Phone Number: _____

Was your child previously in a Catechetical program other than this? What Church? *Si su hijo estuvo antes en el Catecismo, que Iglesia?*

What helps your student in the learning process? *Qué ayuda a su estudiante en e proceso de aprendizaje?*

Does your student have siblings or relatives at the Program? (Cousins, etc.) Please write the names: *¿Tiene su estudiante parientes en el programa? Por favor escribe los nombres.*

List gifts or talents that you & your student have. *Anote los dones o talentos que usted y su hijo (a) tienen.*

PERMISSION to take photos, name of your child during Faith Formation sessions/events for the bulletin, emails or Facebook. *Permiso de tomar fotos durante las sesiones/eventos y mencionar el nombre de su hijo (a) en el boletín, correos electrónicos of Facebook*
 Yes/Si No

MEDICAL INFORMATION/INFORMACION MEDICA
 Chronic Illnesses or Disabilities/*Enfermedades Crónicas ó discapacidades*

Allergies/*Alergias*

Authorized Medicines/*Medicinas autorizadas*

Other special instructions/*Otras instrucciones especiales*

In case of emergency, your child will be transported to Vista East Hospital Waukegan. If after a reasonable effort has been made to contact you and we cannot reach you and in the judgement of parish authorities, immediate medical &/or hospital attention is indicated, do you authorize the parish authorities to send your child (properly accompanied) to an available hospital? And do you authorize the treatment of your minor child/children by a qualified & licensed medical doctor? Do you accept responsibility to provide insurance and payment as required? *En caso de emergencia, su hijo será trasladado al Hospital Vista East en Waukegan. Si después de un esfuerzo razonable de ser contactado; y no podemos comunicarnos con usted y a juicio de las autoridades parroquiales, se indica atención médica y/o hospitalaria inmediata, ¿autoriza a las autoridades parroquiales a enviar a su hijo (debidamente acompañado) a un hospital disponible? ¿Y autoriza el tratamiento de su hijo por parte de un médico calificado y con licencia? ¿Acepta la responsabilidad de proporcionar el seguro y el pago según sea necesario?* Yes/Sí No

Special Educational Needs (Hearing, Sight, ADD, etc.) Please let us know of any needs that our staff should be aware of: *Necesidades Educativas Especiales-Si hay algo que debe de ser de nuestro conocimiento, por favor déjenos saber.*

PARISH INFORMATION/INFORMACION DE LA PARROQUIA
 What parish do you usually attend? *¿Que iglesia asiste generalmente?* _____ What language do you prefer Mass? *¿Qué idioma prefiere para la Misa?* _____
 Are you registered at this parish/*¿Esta registrado en esta iglesia?* Yes/Sí No Year/*Año* _____

PARENT PARISH SERVICE/*Servicio Parroquial de los Padres*
 Liturgy/Liturgia Faith Formation Events/*Eventos de Formación de la Fe*
 \$100 donation in lieu of Parish Service/*Donativo de \$100.00 en lugar del servicio* Catechist (Disc.) *Catequista (Desc)*

In case your student loses his book there is a \$30.00 fee to get another book. Si su estudiante pierde el libro hay una cuota de \$30.00 de reemplazo.
There is allowed only 3 absences during the course. If your child misses more than 3 classes he will be discharged from the program. Solo se permiten 3 faltas durante el curso. Si su estudiante falta mas de 3 veces estará será dado de baja del programa.

PARENT CATECHETICAL FORMATION/FORMACION CATEQUETICA DE LOS PADRES
 As a way to respond to your commitment of the Baptismal promises you made, to be responsible in the evangelization of your student, we will provide you with **mandatory classes for the parents** for catechetical formation. Classes will be held at the same time your student attends classes. *Como una forma de responder a su compromiso de las promesas bautismales que hizo, de ser responsable en la evangelización de su hijo (a), le proporcionaremos **clases obligatorias para los papás** para la formación catequética. Las clases serán a la misma hora que su estudiante asista a clases.*

Parent or Legal Guardian Signature: *Firma del Padre o Tutor:* _____ Date: *Fecha:* _____