



8540 Weirick Rd Corona, CA 92883. 951-277-1801 Fax 951-277-2104

QUINCEAÑERA REGISTRATION

Requirements for Parents.

1. *Your family is registered 4 months prior to signing up for the Quinceañera.*
 2. *Your family attends Mass regularly and tithes with envelopes.*
 3. ***That your daughter goes to confession at least a week before the celebration.***
 4. *Attend a gathering of reflection as preparation for the celebration, and bring a Certificate of Completion if not done at SMM.*
 5. *That your daughter attends our Smooth Youth Ministry or currently enrolled at own parish youth ministry (bring a letter of confirmation).*
 6. *If daughter has not completed the Sacrament of first communion, a service of thanksgiving (Liturgy of the Word) will be offered by a Deacon. (not a mass) (cost doesn't change)*
- ***Attendance for Smooth Youth Ministry will be checked.***

Cost \$480.00

\$100 which includes to hold the date. Non-refundable.
\$250 for facility which includes Rehearsal, 3 hours reflection gathering and mass.
\$100 for the Priest or Deacon please make check payable to the celebrant's name.
\$30.00 donation for (2) Altar Servers

Any outstanding amount must be paid in full a month before Quinceañera mass.

- ***Music and Flowers are not included in the \$480.00 cost.***
- ***Instructions for flowers and music will be given to parents after registration is booked.***

I understand and agree to all the requirements and cost involved.

Date _____

Date _____

Received by

(en español al otro lado)>>>>>>>



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QUINCEAÑERA REGISTRATION

Today's Date _____ Are you registered at SMM? _____
 (if not registered please complete the SMM registration form or bring a permission letter from your church)

Date of Quinceañera's Mass _____ Mass Time: 12pm or 2pm (choose one)

Verified by: _____

Quinceañera's Name _____

Date of Birth _____

Name of Father _____

Name of Mother _____

Address _____

Phone: Home _____ Cell _____ email _____

Rehearsal: Thursday before the quinceañera mass 5:30pm at church

Gave a copy of First Communion Certificate Yes _____ No _____ verified by _____

Name of priest who will be presiding (if known) _____ Mass language (esp-eng-bil)

Total fee \$480

• Deposit to save your date & facility – (due at registration) Non Refundable \$100

<input type="checkbox"/> Cash	<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Parish Pay	Paid \$ _____
				Balance \$ _____
<input type="checkbox"/> Cash	<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Parish Pay	Paid \$ _____
<input type="checkbox"/> Cash	<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Parish Pay	Balance \$ _____
				Paid \$ _____

Initial of person confirming this info _____

(en español al otro lado)>>>>>>

