



DAYS WITH THE HELPERS OF THE LORD (DWHL)
FILIPINO CURSILLOS IN CHRISTIANITY-ARCHDIOCESE OF LOS ANGELES
14900 Magnolia Blvd. # 55071 Sherman Oaks, California 91413 www.fcic-la.org



Class No. _____

Weekend of FRIDAY AT 5:00 pm through SUNDAY

1. NAME OF APPLICANT _____ DATE OF BIRTH _____
2. HOME ADDRESS _____ CITY _____ STATE _____ ZIP _____
3. HOME PHONE _____ CELL _____ EMAIL _____
4. NAME OF SCHOOL _____ GRADE LEVEL _____
5. NAME OF PARISH _____ PARISH PHONE NO. _____
6. DATE AND PLACE OF BAPTISM _____
7. DATE AND PLACE OF CONFIRMATION _____
8. HOW OFTEN DO YOU ATTEND MASS? _____ CONFESSION _____ COMMUNION _____
9. REASON(S) WHY YOU ARE ATTENDING THIS DWHL WEEKEND CLASS _____
10. TAKING MEDICATIONS REGULARLY? _____ HOW OFTEN? _____
11. NAME OF FAMILY PHYSICIAN/PHONE (for reference in case of unexpected eventualities) _____
12. RELATIVES/FRIENDS in the CURSILLO _____
13. NAME OF SPONSOR _____ HOME/WORK/CELL _____
14. RECOMMENDED FOR ADMISSION (Signed by a priest) _____
15. SIGNATURE, WITH OPEN MIND AND HEART: _____

CONSENT OF WAIVER and RELEASE BY PARENT/GUARDIAN

I, _____ FATHER/MOTHER/GUARDIAN OF _____
DO HEREBY GIVE MY CONSENT AND PERMISSION FOR HER/HIM TO JOIN AND PARTICIPATE IN **Class No.** _____ of the Days with the Helpers of the Lord (DWHL) on (date) _____, and by virtue of this consent, I also waive and release the Filipino Cursillos in Christianity-LA (FCIC-LA) from any liability arising from any injury which may befall on my ward/son/daughter during the entire time of the said weekend class that had not been intentionally, nor negligently caused by any officer, staff, or member of FCIC-LA.

Print Name of Father/Mother/Guardian _____ Signature _____ Date _____

COMMENTS: _____

A HUMBLE DONATION of \$ _____ from SPONSOR OR CANDIDATE WILL BE GREATLY APPRECIATED.

We are a non-profit movement EIN #46-4894182. Please make your check payable to **FCIC-LA** or mail Application form.

PRE-CURSILLO CHAIR: HEIDI CATABAS at 3445 Brookridge Road, Duarte, CA 91010.

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