

St. Mary of the Assumption Catholic Church

RELIGIOUS EDUCATION REGISTRATION FORM

Student Information

Student's Name: _____ Gender: M / F
(Last) (First) (Nickname)

Address: _____ Date of Birth: ____ / ____ / ____
 Mailing Address (if different): _____ Age and Grade ____ / ____
 City: _____ Zip: _____ Phone: _____

Previous Religious Education: _____
(When/Where)

Does student need any special attention or accommodation for physical, behavior or medical reasons? Yes / No
(If yes, please explain)

Parent/Guardian Information

Father/Guardian Name: _____ Religion: _____
(First) (Middle) (Last)

Father's Work Phone #: _____ Cell Phone #: _____

Mother/Guardian's Name: _____ Religion: _____
(First) (Middle) (Last) (Maiden)

Mother's Work Phone #: _____ Cell Phone #: _____

Parents/Guardians are: Married__ Unmarried__ Separated__ Divorced__ Widowed__

If married, please indicate: Civil (only) __ Catholic Church __ *(your answer is confidential)*

Student lives with: Both Parents/Guardians__ Father (only)__ Mother (only)__ Other: _____
(Name)

Family Email Address: _____

Cellphone and email where we can send you notifications and up dates:

Cellphone 1: (____) _____ - _____ Cellphone 2: (____) _____ - _____
 Email 1: _____ @ _____ Email 2: _____ @ _____

IMPORTANT INFORMATION

EMERGENCY CONTACT INFORMATION (Alternate Adult/s to Contact)

Name: _____ Relation to Student: _____
 Home Phone #: _____ Cell Phone #: _____ Other#: _____

Name: _____ Relation to Student: _____
 Home Phone #: _____ Cell Phone #: _____ Other#: _____

DO NOT WRITE BELOW THIS LINE—FOR OFFICE USE ONLY

Name of your Catechist (if any): _____

Day: _____

Comments: _____

Program Placement:

FC: ____ Year: ____

RCIA/RICA: _____

Confirmation: _____ Year: _____

Documents:

Baptism: ____ F.C. ____ Conf. ____

Amount Paid : \$ _____ Check # _____ Cash _____ Card: _____
 Outstanding Balance: _____ Date: ____ / ____ / ____

PARENT AUTHORIZATION AND MEDICAL RELEASE FORM

(PERSUANT TO CALIFORNIA CIVIL CODE SECTION 25.8)

The undersigned do hereby authorize, **St. Mary of the Assumption Religious Education Program**, as agents for the for the undersigned to consent to any x-ray examination, anesthetic, medical, dental or surgical diagnosis or treatment and hospital care for the above minor which is deemed advisable by and to be rendered under the general or special supervision of any physician or surgeon, licensed under the provision of the **MEDICINE PRACTICE ACT** or of any dentist licensed under the **DENTAL PRACTICE ACT**, at a hospital or elsewhere.

This authorization will remain effective while the above minor is in the care of **St. Mary of the Assumption Religious Education Program**, unless revoked in writing by the undersigned.

Allergies, including reactions to medication:

Activity restrictions: _____

PARENT / GUARDIAN (signature)

DATE

PERMISSION FORM

I hereby permit to participate in the activities sponsored by the Religious Education Program of St. Mary of the Assumption Catholic Church. These activities include but are not limited to: the retreats, youth days, fundraisers, service projects, and social activities.

I hereby release and discharge St. Mary of the Assumption Church from any and all claims for personal injuries or property damage that my son/daughter may suffer as a result of participation at these activities.

This authorization will remain effective while the above minor is in the care of **St. Mary of the Assumption Religious Education Program**, unless revoked in writing by the undersigned.

YES

NO

Initials _____

Date: 2019-2020 Year

RELEASE FOR MEMORIALIZING

I, hereby, authorize the taking of photographs, video, recordings, or other memorializing of any event sponsored by St. Mary of the Assumption Catholic Church Religious Education program and mine or my child's participation therein, and the publication or other use thereof. I, hereby, waive any right to compensation, therefore, or any right that I otherwise might have to limit or control such making or use.

This authorization will remain effective while the above minor is in the care of **St. Mary of the Assumption Religious Education Program**, unless revoked in writing by the undersigned.

YES

NO

Initials _____

Date: 2019-2020 Year

For Confirmation Candidates Students only:

I give my permission for my son/daughter to sign him/herself in and out of Religious Education class and activities. I understand that he/she will not be let out of the class, unless I request so in writing. I further understand that St. Mary of the Assumption Church and/or the catechists working on behalf of the church cannot be held responsible for my child after they have signed out. This authorization will remain effective while the above minor is in the care of **St. Mary of the Assumption Religious Education Program**, unless revoked in writing by the undersigned.

Sincerely,

YES

NO

Initials _____

Date: 2019-2020 Year



TO: Parents
FROM: Office of Religious Education
SUBJECT: *Touching Safety* program

The Office of Religious Education will present a sexual abuse prevention program, the *Touching Safety* program. The creators of the *Protecting God's Children*™ program developed the *Touching Safety* program. This program is provided to us by the Archdiocese of Los Angeles, and is a part of our ongoing effort to help create and maintain a safe environment for children and to protect all children from sexual abuse.

The scheduled lesson is being offered to all students in the RCIA, RICA, First Communion and Confirmation. As a parent, you have the right to choose whether your student participates or not. We encourage you to read the attached "overview" and "lesson plan" so you'll be aware of the nature of the *Touching Safety* program. If you have questions about the program or the lesson, please contact Juan Pablo Garcia at (805) 925-2007. If you determine that you DO NOT want your child to participate, please complete the "opt-out" form at the bottom of this page, and return it to your child's Catechist.

For more information on the *Touching Safety* program, visit the VIRTUS Online™ website at www.virtus.org.

The Office of Religious Education **HAS** my permission to present the *Touching Safety* program, to my child whose name is _____

Parent's name (printed): _____

Parent's Signature: _____

Date: _____

Opt-out form for use with the *Touching Safety* program:

The Office of Religious Education **DOES NOT HAVE** my permission to present the *Touching Safety* program, to my child whose name is _____

Parent's name (printed): _____

Parent's Signature: _____

Date: _____



ST. MARY'S CATHOLIC CHURCH
OFFICE OF RELIGIOUS EDUCATION

I _____ have read the information in the parents handbook and acknowledge and accept the responsibilities and requirements that the First Communion Program of this Church has placed before me.

Parent/Guardian signature: _____ Date: _____

Yo _____ he leído la información del libro guía para padres de familia y soy consciente de aceptar las responsabilidades y requisitos de la Oficina del Programa Primeras Comuniones de esta Parroquia

Firma: _____ Fecha _____