

St. Lucy's Catholic Church
 Religious Education Program (R.E.P.) / Programa de Educación Religiosa
 Registration Form / Forma de Registro
 School Year / Año escolar 2020-2021

INFORMATION ABOUT THE CHILD:

Today's Date: _____

INFORMACIÓN SOBRE EL NIÑO/A:

Fecha de hoy:

Student Name: _____

Nombre del estudiante: First Name / Primer nombre Middle Name / Segundo Nombre Last Name / Apellido

Grade: _____ School/City: _____

Grado: _____ Escuela/Ciudad:

Date of Birth: _____ Place of birth: _____ Age: _____ Male or Female

Fecha de nacimiento: Lugar de nacimiento: Edad: Hombre o mujer

Date of Baptism: _____ Church / City: _____

Fecha del bautismo: Iglesia / Ciudad:

Date of 1st Communion: _____ Church / City: _____

Fecha de la 1ª Comunión: Iglesia / Ciudad:

Copy of Baptism Certificate (Y) or (N) Copy of 1st Communion Certificate (Y) or (N)

Copia del certificado de bautismo (Sí) o (No) Copia del certificado de primera comunión (Sí) o (No)

PARENT'S INFORMATION OR LEGAL GUARDIAN:

INFORMACIÓN DE LOS PADRES O GUARDIAN LEGAL:

Father's Name or Legal Guardian: _____

Nombre del padre o guardián legal: First Name Primer nombre Middle Name Segundo Nombre Last Name Apellido

Sacraments received by the father: Baptism First Communion Confirmation

Sacramentos recibidos por el padre: Bautismo Primera comunión Confirmación Email Correo electrónico

Mother's Name or Legal Guardian: _____

Nombre de la madre o guardián legal: First Name Primer nombre Middle Name Segundo Nombre (Maiden Name) Apellido de soltera

Sacraments received by the mother: Baptism First Communion Confirmation

Sacramentos recibidos por la madre: Bautismo Primera comunión Confirmación Email Correo electrónico

Address: _____ City _____

Dirección Ciudad

Father's ph.# _____ Work: _____ Mother's ph.# _____ Work: _____

Teléfono de padre Trabajo Teléfono de la madre Trabajo

Primary language spoken at Home (English, Spanish, Other _____) Circle or list other

Idioma primario que se habla en el hogar (inglés, español, otro _____) Haga un círculo o enumere otro

Does your child have access to a computer and wi-fi at home? _____ Yes _____ No

¿Tiene su hijo acceso a una computadora, y a wifi en casa? _____ Sí _____ No

Sacrament (s) to Receive:

Sacramento(s) a recibir:

First Holy Communion (____)

Primera Comunión

First year for First Holy Communion (____)

Primer año de Primera Comunión

Second year for First Holy Communion (____)

Segundo año de Primera Comunión

Confirmation (____)

Confirmación

First year for Confirmation (____)

Primer año de Confirmación

Second year for Confirmation (____)

Segundo año de Confirmación

Children who have not been baptized:

Niños que no han sido bautizados:

Candidate for Sacraments of Initiation: 1st Year (____) 2nd Year (____)

Candidato para los Sacramentos de Iniciación: 1er año 2do año

Has child attended St. Lucy's Church R.E.P. before?: Yes _____ No _____ Year: _____

¿Ha asistido el niño al programa de R.E.P. en la iglesia de Santa Lucía anteriormente?: Sí _____ No _____ Año: _____

How many children do you have attending R.E.P. classes? _____

¿Cuántos niños tiene asistiendo a clases de R.E.P.?

Emergency Contact: _____
Contacto de emergencia: First Name Primer nombre Last Name Apellido Phone # Número de teléfono

Child may be picked up by _____
El niño puede ser recogido por First Name Primer nombre Last Name Apellido Phone # Número de teléfono

Who is 18yrs old or older, when parents are not available?

quién tiene 18 años o más, cuando los padres no están disponibles.

Office use only:

Registration Amt. Paid: \$ _____ Cash _____ Ck. # _____

Hardship approved by: _____

Received by: _____ Date Paid: _____

\$40.00 for 1 child \$60.00 for 2 or more children from the same family

Catechism registration dead line will be October 1, 2020.

La fecha límite para el registro de catecismo será el 1 de octubre, 2020.

For when we go back to regular on-site classes:

Children in First Communion Catechism Classes (Grades 1st-5th)

For Children's Safety:

To help eliminate the possibility of children running into ongoing vehicles, we ask the parents to please come into the classroom and sign in as well as sign out your child or children from the attending classroom. Parents, please plan on parking your vehicle, walk to the classroom to pick up your child and to accompany your child to your vehicle for their safety.

Para cuando regresemos a clases aquí:

Niños en las clases de catecismo de primera comunión (grados 1° a 5°)

Para la seguridad de los niños:

Para ayudar a eliminar la posibilidad de que los niños corran peligro por vehículos en movimiento, les pedimos a los padres que entren al salón de clase y anoten la entrada y salida de su hijo/s en la hoja de asistencia. Padres, planeen estacionar su vehículo, caminen al salón de clase para recoger a su hijo/s y acompañarlo hacia el automóvil por su seguridad.

Parent's or Legal Guardian Signature

Firma del padre/madre o guardián legal

Print Parent's or Legal Guardian Name

En letra de molde el nombre del padre/madre o guardián legal

**DIOCESE OF FRESNO ANNUAL PARISH/SCHOOL CONSENT FOR EMERGENCY
MEDICAL TREATMENT, PARISH/SCHOOL ACTIVITIES PERMISSION AND
RELEASE OF LIABILITY FORM**

TO THE PARENT/LEGAL GUARDIAN: You must give permission on this annual form for your child to attend and participate in parish/school-sponsored events and activities during this calendar year. You will also be required to sign permission forms for your child to participate in specific parish/school-sponsored events, activities, and sports conducted off parish/school grounds.

Name of Child	Year 2020-2021
Name of Parent(s)/Guardian(s)	Parish/School Name St. Lucy's Church

I, the undersigned parent or guardian, do voluntarily wish to give permission for and request that my child be allowed to attend and participate in parish/school-sponsored events and activities during this calendar year including those conducted off parish/school grounds. My child is physically fit and capable of participation in parish/school events and activities. I agree to direct my child to cooperate and conform to directions, instructions, and rules given by parish/school personnel or agents, chaperones, or diocesan personnel responsible for all parish/school events and activities. If requested, I will sign a "Permission and Release" form for each specific event or activity conducted off parish/school grounds. I reserve the right not to have my child participate in parish/school-sponsored events.

I understand that participation in parish/school-sponsored events and activities, including those off parish/school grounds, involve some risk (including any travel to and from these events or activities) and that unforeseen events can occur. I am informed and agree that transportation, if involved, may be provided by parents, other private individuals, or commercial operators who are believed to be reliable and insured, but are not under the supervision or control of the parish/school.

In exchange for permitting my child to participate in the parish/school's activities, I waive and give up all claims (and the right to file a lawsuit) which I or my child (and our successors, heirs, and assigns) may have against the parish/school and the Diocese of Fresno. I release and discharge the parish/school and the Diocese of Fresno from all liability or responsibility from death, illness, personal injury, or property damage arising from the parish/school activity and any transportation involved with the parish/school activity.

In the event of an emergency, and if the parish/school is unable to contact me, I authorize parish/school personnel or other adult leadership of a parish/school-sponsored event or activity, at my expense, to secure and consent to x-ray examination, medical, dental, or surgical diagnosis, treatment, and hospital care advised and supervised by a duly licensed physician, surgeon, or dentist. I expect to be contacted as soon as possible. I agree that if emergency medical or dental services are required for my child, the Diocese of Fresno will not be responsible to pay for any medical or dental expenses.

This permission, waiver, release, and consent applies to the parish/school named, and to the Diocese of Fresno Education Corporation, The Roman Catholic Bishop of Fresno (a corporate sole), the Diocese of Fresno, all other Diocese of Fresno schools, all parishes, affiliated organizations, and their officers, clergy, agents, and employees.

This waiver and release form is signed in order for my child to participate in the parish/school's events and activities for my child's own personal enjoyment and benefit and is done so freely with full knowledge of the risk and dangers that are or may be involved.

I authorize any hospital which has provided treatment to the above named minor pursuant to the provisions of Family code section 6910 to surrender physical custody of such minor to the diocesan or parish/school representative upon the completion of treatment. This authorization is given pursuant to Health and Safety Code section 1283.

The following information is provided for the benefit of the parish/school:

Continue on Reverse Side

Name and Daytime Phone Number(s) of Parent/Guardian <i>Nombre y teléfono de día Número (s) de Padre/Guardian</i> Mother/Guardian: _____ Father/Guardian: _____	Nighttime Phone Number(s) of Parents/Guardians Mother/Guardian: _____ Father/Guardian: _____
Other Work Phone/Cell Phone/Pager / Otros # de teléfonos Mother: _____ Father: _____	Child's Date of Birth/ Fecha de nacimiento
Emergency Contact Other than Parent or Guardian <i>Contacto de emergencia a parte del padre o guardián</i> Relationship/ <i>Relación</i>	Telephone Number
Allergies (foods, drugs, insects etc.) <i>Alergias, comidas, medicinas, insectos, etc.)</i>	
Medications (name, dosage, reasons) <i>Medicamentos (nombre, dosis, razones)</i>	
Other information or Special Health/Physical Considerations (Attach extra sheet if necessary) <i>Otra información o condición de salud especial / Consideraciones físicas (Adjuntar una hoja extra si es necesario)</i>	
Insurance Carrier Aseguradora	Insurance Group or ID Number Seguro o Número de ID
Name of Child's Doctor Nombre del doctor	Phone Number Número telefónico
Name of Child's Dentist Nombre del Dentista	Phone Number Número telefónico
Name of Child's Orthodontist Nombre del Ortodoncista	Phone Number Número telefónico

I, the undersigned, have read this release and understand all of its terms. I request that my child be allowed to participate in parish/school events and activities. I execute this form voluntarily and with full knowledge of its significance. I have discussed the above with my child, and my child is aware of and understands the importance of following all rules set out for the parish/school's events, activities, or sports. A copy of this form shall be as valid as the original authorization and may be given to the adult leader of the events, activities, or sports.

Signature of Parent/Guardian: _____ Date: _____

Signature of Parent/Guardian: _____ Date: _____

FOR OFFICAL USE ONLY	
Date Release Received	Received by

RELEASE FOR PARISH PRODUCTION

Parents/Guardians: Please complete this form since your child's photograph or video image will be used in a Parish produced public-relations document.

Padres/Guardianes: Por favor completar esta forma, ya que la foto de su hijo o video será utilizada en documentos de producciones parroquiales de relaciones públicas.

STUDENT'S NAME / <i>ESTUDIANTE</i>	DATE / <i>FECHA</i>
PARISH NAME AND - DIOCESE OF FRESNO	ST. LUCY'S CHURCH / <i>IGLESIA DE SANTA LUCIA</i>
PROJECT TITLE / <i>TITULO DEL PROYECTO</i>	

I hereby grant the above named parish (hereinafter called PRODUCER), their nominees, designees, and successors full authorization and the absolute right and permission to sell, assign, convey, reproduce, copyright, use or publish photographic reproductions, portraits, or pictures of me, motion picture or video tape pictures of me, or in which I may be included in whole, in part, or in composite, or in which character or form is distorted, in conjunction with my own or any other picture, product, person, name or reproduction, in color or otherwise, made through any media at its studios or elsewhere, for art, advertising, commerce, business or trade, or any other lawful purpose whatsoever.

I hereby waive any right I may have to inspect or approve the finished product or the advertising copy that may be used in connection therewith, or the use to which it may be applied.

I hereby release, discharge and agree to hold harmless PRODUCER, its nominees, designees, successors, and assignees or others for whom they are acting from any liability of any nature or description by virtue of any use whatsoever, whether intentional or otherwise, or from any change that may occur or be produced in the taking of said picture or pictures, or any processing tending towards the completion of the finished product, unless it can be shown that said use or change is solely for its purpose of subjecting me to conspicuous ridicule, scandal, reproach, scorn and indignity.

STUDENT'S SIGNATURE <i>FIRMA DEL ESTUDIANTE</i>
ADDRESS <i>DIRECCION</i>
PHONE <i>TELEFONO</i>
SIGNATURE OF WITNESS <i>FIRMA DE TESTIGO</i>

RELEASE FOR A MINOR

If the student is under 21 years of age, the parent or legal guardian of the model must sign below.

I, parent and/or legal guardian of the above-named student, do hereby consent and grant my permission to all of the foregoing. *Yo, el padre y/o guardián legal del estudiante mencionado arriba, doy mi consentimiento y permiso para todo lo precedente.*

SIGNATURE OF PARENT OR GUARDIAN / <i>FIRMA DEL PADRE O GUARDIAN</i>
SIGNATURE OF WITNESS / <i>FIRMA DE TESTIGO</i>