



## St. Luke Catholic Community Religious Education 2020-2021 Registration Program

Thank you for your interest in our 2020-2021 Religious Education Program. We are blessed to continue our faith journey with you. Our Sacramental programs include Preschool, Family Catechesis, Home Church, and Youth and Adult Confirmation.

This year's classes will take place online through Zoom/Google Classroom due to COVID-19.

**Classes begin in early fall.**

### How to Register

- Download the 2020-2021 Program Packet at [www.stluketemplecity.org](http://www.stluketemplecity.org) (under the Faith Formation tab) that includes the following:
  - Program Description
  - Religious Education Family Registration Form (fillable PDF)
  - Emergency /Photo Release Form (fillable PDF)
  - Parent/Guardian Release for Student (fillable PDF)
  - Parish Registration Form (fillable PDF)
- Fill out, print and sign the forms where indicated.
- Please provide a copy of your child's Baptismal Certificate.
- If registering for Confirmation, please also provide a copy of your child's First Communion Certificate.
- A \$40.00 non-refundable deposit is required at time of registration. The deposit can be made by check (include with your registration materials; checks made payable to St. Luke RE) or online (select Religious Education **Tuition** on the payment page). Payment can also be made by calling Vanco, our online giving service, at 1-800-675-7430 Monday-Friday between 6:00 am and 4:00 pm (Our parish client ID is ES11182).
- Mail the Registration materials to the Pastoral Office (may leave in the office mailbox):  
*St. Luke the Evangelist Catholic Community*  
*Attn: Barbara Hansen*  
*5605 Cloverly Ave, Temple City, CA 91780*

Registration forms and the deposit are still being accepted. Classes begin in early fall. A member of the Religious Education Office will contact you once the registration materials and deposit are received. God bless you.

If you have any questions, please contact Barbara Hansen or Ivonne Melendrez.

Barbara Hansen  
Director of Religious Education  
(626) 291-5900 Ext. 227  
(213) 948-3307  
[Barbara@stluketemplecity.org](mailto:Barbara@stluketemplecity.org)  
[stlfamilycatechesis@gmail.com](mailto:stlfamilycatechesis@gmail.com)

Ivonne Melendrez  
Confirmation Coordinator  
(626) 291-5900 Ext. 232  
(213) 949-9996  
[Youth@stluketemplecity.org](mailto:Youth@stluketemplecity.org)  
[youthstlukeym@gmail.com](mailto:youthstlukeym@gmail.com)



## ST. LUKE CATHOLIC COMMUNITY 2020-2021

### RELIGIOUS EDUCATION Program Description & Important Dates PRESCHOOL, HOME CHURCH, FAMILY CATECHESIS, ADULT/TEEN CONFIRMATION

*Due to COVID-19 All classes will take place through Zoom/ Google classroom*

#### **PRESCHOOL (Ages 3, 4, and 5 years old)**

Meets during the Sunday 10:30 AM Mass in the Parish School building.

First class: Sunday August 30, 2020

\*Child must be 3 yrs. old by September 1, 2020

\*Child must be able to use restrooms on their own

#### **FAMILY CATECHESIS/HOME CHURCH**

Sunday mornings 10:30am – 1:00pm

(Including 10:30 Mass every other Sunday)

First class: Sunday August 30, 2020

#### **ADULT CONFIRMATION** See Family Catechesis

#### **CONFIRMATION (Teens)**

**YEAR I** Sunday afternoons from 3:00pm – 6:30pm  
**(includes 5:30 Mass every other Sunday)**

**YEAR II** Sunday afternoons from 3:00pm- 6:30pm  
**(includes 5:30 pm Mass every other Sunday)**

All classes gather in the Parish Hall and surrounding Hall Rooms.

Each class session will conclude after the 5:30 Youth Mass

First class: **YEAR I** Sunday, August 23, 2020

**YEAR II** Sunday, August 23, 2020

**Calendars for the above-mentioned programs will be found on our parish website [www.stluketemplecity.org](http://www.stluketemplecity.org). And in the parent handbooks**

All registration forms can be accessed through our website

[www.stluketemplecity.org](http://www.stluketemplecity.org)

Religious Education registration forms can be mailed to the Pastoral Office or dropped in the office mailbox. Forms must be received by August 15<sup>th</sup>.

Upon receipt of all forms and deposits you will be contacted.

Make checks payable to St. Luke RE or make payments thru our online giving program using Religious Education Tuition Tab.

If there is any questions regarding registration or program fees, please contact the RE office 626 291-5900 Ext 227or Ext 232

or email [barbara@stluketemplecity.org](mailto:barbara@stluketemplecity.org)

[youthstlukeym@gmail.com](mailto:youthstlukeym@gmail.com)

Class size is limited

Please note: We have ONE registration form for an entire family.

*Fees reflect the amount per child the parish pays to run these programs.  
(Books, classroom materials, insurance and emergency supplies)*

Family Catechesis/Home Church	\$145.00 per Family
Adult/Teen Confirmation & Preschool	\$ 95.00 per Student

### **Sacramental Fees**

*Fees reflect additional supplies necessary for sacrament*

1<sup>st</sup> Communion & YR II Confirmation fee: \$90.00 per student

### **Confirmation Retreat**

*Fees reflect necessary supplies for Retreat*

*(Religious Materials, Meals & Transportation when necessary)*

YR I	\$125.00 per student
YR II	\$175.00 per student
Parent/Teen Retreat	\$ 40.00 per parent/teen

**\$40.00 Non-Refundable deposit** required at time of registration; this deposit will be applied to registration fees. A schedule of remaining payments should be arranged with the RE department before the first day of class.

**\$25.00 returned check fee** will be charged on any returned check and cash or money orders will be required.

### **To Register for St. Luke Religious Education Programs:**

Complete all registration materials:

- Registration Form
- Emergency Release Form Photo permission, TTS, Emergency contact
- Parish Registration
- A copy of students Baptismal Certificate
- A copy of First Communion Certificate for those registering for Confirmation
- Non-Refundable deposit

For those in Confirmation YR 2/Adult Confirmation the following are also required at time of registration

- Confirmation Sponsor Eligibility Form
- Parent /Teen Retreat (Unless attended Confirmation Yr. 1)

### **Meetings**

A mandatory Sacramental Parent meeting for those registering for Communion will be held **Wednesday August 27<sup>th</sup>** at 7:00pm. Zoom invitation to follow once registration materials are received.

A mandatory Parent/Teen information Session for those attending Confirmation will be held **Sunday, August 23<sup>rd</sup>**, at TBD. Zoom invitation to follow once registration materials are received.



# St Luke the Evangelist

## Religious Education/Family Registration/Update

Family Details			
Last Name:		Date:	
First Name(s):			
Address:		Home Phone Number:( )	
City, State, Zip:			
Mailing Address if different:			
Default family email:			
Notes/Comments:			

Member Details				
Full Name (Maiden):				
Email:		Ok to Email?:	Yes / No	
Cell Phone:		Ok to Text?:	Yes / No	
		Receive Family Emails too?:	Yes/No	
Birthdate:		Married ?	Yes / No	
Baptized?	Y/N	First Communion?	Y/N	Confirmation? Y/N
Notes:				
Full Name (Maiden):				
Email:		Ok to Email?:	Yes / No	
Cell Phone:		Ok to Text?:	Yes / No	
Birthdate:		Married ?	Yes / No	

## Students

Full Name:

Birthdate:

School Grade:

Name of School:

Baptized? Y/N

First Communion? Y/N

Confirmation? Y/N

Full Name:

Birthdate:

School Grade:

Name of School:

Baptized? Y/N

First Communion? Y/N

Confirmation? Y/N

Full Name:

Birthdate:

School Grade:

Name of School:

Baptized? Y/N

First Communion? Y/N

Confirmation? Y/N

Full Name:

Birthdate:

School Grade:

Name of School:

Baptized? Y/N

First Communion? Y/N

Confirmation? Y/N

Full Name:

Birthdate:

School Grade:

Name of School:

Baptized? Y/N

First Communion? Y/N

Confirmation? Y/N

Full Name:

Birthdate:

School Grade:

Name of School:

Baptized? Y/N

First Communion? Y/N

Confirmation? Y/N

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# St. Luke School of Religious Education

5605 Cloverly Ave. Temple City, CA 91780  
Tel: (626) 291-5900 Fax: (626) 287-2332

## EMERGENCY RELEASE FORM

Family Name: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Student Names: \_\_\_\_\_ Grade: \_\_\_\_\_ Student Names: \_\_\_\_\_ Grade: \_\_\_\_\_

1. \_\_\_\_\_ 3. \_\_\_\_\_

2. \_\_\_\_\_ 4. \_\_\_\_\_

Father's Name: \_\_\_\_\_

Employer's Name: \_\_\_\_\_

Work Hours: \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Employer's Name: \_\_\_\_\_

Work Hours: \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_

### List 4 Adults (other than parents) you authorize to pick up child in case of emergency:

Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ Relation: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ Relation: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ Relation: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ Relation: \_\_\_\_\_

### Please list any chronic condition or illness: (i.e. allergies, epilepsy, special needs, disabilities, or none if no condition/medication)

Student name	condition/medication (state for each student)
_____	_____
_____	_____
_____	_____
_____	_____

I, the parent or guardian of the above named child(ren), hereby give my permission for his/her/their participation in the St. Luke School of Religious Education Program. I agree to direct my child(ren) to cooperate and conform to the directions of the St. Luke Church SRE Family Handbook and parish personnel responsible for the program.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**PLEASE NOTE: This page has THREE separate signature lines. Please read and complete each area**

**PHOTO RELEASE:**

Parent Authorization, Consent and Release

The undersigned parent/guardian hereby authorizes and consents that St. Luke Religious Education Staff be permitted to use and publish for publicity and promotion purposes, the name and likeness of my child \_\_\_\_\_, or for any other lawful purpose whatsoever, including electronic media.

Also, if we have inadvertently posted a photo of your child(ren) and you have indicated a desire for them not to be posted, please notify the Parish Office immediately either by phone or e-mail with a description of the photo and we will remove it as soon as possible.

Parent Name: (Please Print) \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PROTECTING OUR CHILDREN:**

The Archdiocese of Los Angeles is committed to compliance with the U.S. Bishops' **Charter for the Protection of Children and Young People**. Article 12 of the Charter mandates that, "each diocese establish and maintain a Safe Environment Program for children and youth." In light of this, the *VIRTUS Teaching Touching Safety Program for Children* was adopted by the Archdiocese of Los Angeles in September, 2006.

**St. Luke School of Religious Education** will present the *Teaching Touching Safety* program, an abuse prevention program, to all of our students (Grades 1-12) during the year as a part of our ongoing effort to help create a safe environment for the children and protect all children from abuse. This program is presented to ALL CHILDREN in the parish – EVERY YEAR. Each child will attend an age-appropriate session.

As a parent, you have the right to choose whether or not your student participates. We encourage you to review **Protecting God's children - Teaching Touching Safety, A Guide for Parents and Other Caring Adults**, in order to be aware of the nature of this important program.

I understand that the only way my child will be allowed to participate in the Protecting God's Children "Touching Safety Program" is with my approval. I am specifically requesting the St. Luke Religious Education Staff present this program to my child. \_\_\_\_\_

**Permission form for use with the *Touching Safety* program:**

I am allowing my child(ren) to participate in the Protecting God's Children "Touching Safety Program" and am specifically requesting that St. Luke SRE present the program to my child(ren) whose name(s) is/are:

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

Parent/Guardian Name (printed) \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION: (Contacts MUST be individuals other than parents)**

**Emergency contact:**

_____	_____	_____	_____	_____
<b>Name</b>	<b>Relationship</b>	<b>Home Phone</b>	<b>Cell Phone</b>	<b>Work Phone</b>

**Emergency contact:**

_____	_____	_____	_____	_____
<b>Name</b>	<b>Relationship</b>	<b>Home Phone</b>	<b>Cell Phone</b>	<b>Work Phone</b>

**Authorization to Consent to Emergency Medical Care and Waiver & Release Form**

Should it be necessary for my child to have medical treatment while participating in this program, I hereby give the St. Luke Church SRE personnel permission to use their judgment in obtaining medical service for my child and give permission to the physician selected by the SRE personnel, to render medical treatment deemed necessary and appropriate by the physician.

\_\_\_\_\_  
**Signature of Parent/Guardian**

\_\_\_\_\_  
**Printed Name of Parent/Guardian**

\_\_\_\_\_  
**Date**

**PARENT/GUARDIAN RELEASE FOR STUDENT OR MINOR  
(NONCOMMERCIAL)**

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***This section to be completed by the Archdiocesan entity (school/parish/ACC) sponsoring the activity ("Location"):***

**Name of Location:** \_\_\_\_\_

The Location intends to use your child's image, name, voice and/or work for noncommercial purposes relating to the event(s) or activity(ies) identified below.

**Description of events/activities to which this Release applies:**

\_\_\_\_\_

\_\_\_\_\_

**Duration of Release:** \_\_\_\_\_

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***This section to be completed by Parent/Guardian:***

I, \_\_\_\_\_ am the parent/guardian of \_\_\_\_\_, a minor.

I hereby authorize the Location to use the following personal information about my child:  
(Please initial the applicable boxes)

**Image:**  yes  no   **Voice:**  yes  no   **Name:**  yes  no   **Work:**  yes  no

I understand and agree that my child's image, voice, name and/or work ("Personal Information") relating to the events or activities described above will be used for noncommercial purposes, including, but not limited to, publicity, exhibits, electronic media broadcasts or research. I understand and agree that my child's Personal Information may be copied, edited and distributed by the Location in publications, catalogues, brochures, books, yearbooks, magazines, exhibits, films, videotapes, CDs, DVDs, email messages, websites, or any other form now known or later developed ("Materials").

The Location may use the Personal Information at its sole discretion, with or without my child's name or with a fictitious name, and with accurate or fictitious biographical material. The Location will not use the Personal Information for improper purposes or in a manner inconsistent with the teachings of the Roman Catholic Church.

I waive any right to inspect or approve any Materials that may be created using the Personal Information now and in the future. In exchange for the opportunity given to my child by the Location to participate in the activity, I agree that neither I, nor my child, will receive monetary compensation, royalties or credit. I understand and agree that the Location shall be the owner of all right, title and interest, including copyright, in the photographs, electronic recordings and Materials. If the Location intends to use the Materials for a commercial purpose, I will be provided at that time with information about the terms of the commercial use.





I hereby waive, release and forever discharge any and all claims, demands, or causes of action against the Location and its affiliated entities, employees, agents, contractors and any other person, organization, or entity assisting them with the photography, electronic recording or Materials, for damages or injuries in any way related to, or arising from the photography, electronic recording or Materials, or the use of the Personal Information, and I expressly assume the risk of any resulting injury or damage.

I further understand and agree that this Authorization remains in effect until it is withdrawn in writing. I understand that if I change my mind about this Authorization, that I will submit another, new authorization form to the Location. However, my new authorization will not have the effect of revoking this Authorization, and the Location will have no duty or obligation to make any changes or alterations to any Materials that may have been prepared based on this Authorization.

I represent that I have read this Authorization, understand the contents and am able to grant the rights and waivers it contains. I understand that the terms of this Authorization are contractual and not mere recitals. I am signing this document freely and voluntarily.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Cellphone: \_\_\_\_\_

Email: \_\_\_\_\_

Name of Child: \_\_\_\_\_ Age: \_\_\_\_\_

