

SAINT MAXIMILIAN KOLBE CATHOLIC CHURCH
FAITH FORMATION REGISTRATION FORM

**Faith Formation sessions begin the week of
September 14th, 2020**



To register in St. Maximilian Kolbe Faith Formation program the following information must be on file: **(ALL INCOMPLETE PACKETS WILL BE RETURNED. Packet must include registration fee.)**

- **Parish registration on file.**
- **Completed and signed registration forms.**
- **Copy of baptismal certificate-** all new students, 1st graders and First Communion students. If your child was baptized at our St. Maximilian Kolbe parish, we have your child's information already so there is no need to provide a certificate.
- **Parent Participation volunteer sheet with one volunteer item checked.**
- **Full tuition payable by credit card, cash, or check made payable to St. Maximilian Kolbe.** Tuition costs are listed on the registration forms. There is also listed the sacramental fee for First Communion payable only if this is the school year they will be receiving their First Communion.
(No child will be turned away due to the inability to pay. Please contact Gemma for an appointment to discuss terms and eligibility.)

CLASS DAYS:

Please use the space on the registration form to advise us of the day that your child is available. We will try to accommodate your request. Please be aware classes are filled on a first come-first served basis.

Please contact Gemma Fasani if there is a special need and you would like to discuss your child's options.

FOR YOUR CHILD'S SAFETY ALL CHILDREN MUST BE SIGNED IN/OUT AT THE CLASSROOM. THEY MAY NOT WAIT IN THE PARKING LOT OR GO TO THE PARKING LOT UNACCOMPANIED BY A PARENT OR DESIGNATED ADULT.

For more information, please call Gemma Fasani @ the Faith Formation Office: 818-991-3915 ext. 110 or email to Gemma@stmaxchurch.org

Registrations received prior to August 1st will receive classroom assignments, catechist's name, and the calendar the last week of August.

Registrations received after August 1st will receive class information one week before classes begin.

SAINT MAXIMILIAN KOLBE

Elementary K-5

5801 Kanan Rd., Westlake Village, CA 91362 (818) 991-3915

We understand that by registering our children in the Faith Formation program, we are making a commitment to support the parish by means of regular financial contributions and by volunteering our time to the parish. We are also committing to attend Mass regularly and to participate as required in the Faith Formation programs.

Parent Signature _____ **Date** _____

FAITH FORMATION REGISTRATION FORM 2020-2021 Please Print Clearly

Family Name: _____ E-Mail _____

Address: _____ City: _____ Zip: _____

Father's Name: _____ Cell #: _____ Work #: _____ Religion: _____

Mother's Name: _____ Cell # _____ Work#: _____ Religion: _____

Mother's Maiden Name: _____

CHILDREN MUST BE SIGNED IN AND OUT AT THE CLASSROOM. Please fill out the Emergency Contacts and Pick up Form with this information.

Would you like receive important announcements from the parish via email monthly? YES NO (Circle one)

| CHILD'S NAME | SEX m/f | DOB mo/day/yr | GRADE 2020-21 | SCHOOL ATTENDING | LAST REL. ED GRADE COMPLETED | SACRAMENTS RECEIVED YES OR NO | | |
|--------------|------------|------------------|------------------|------------------|---------------------------------|----------------------------------|-----------|----------------------|
| | | | | | | BAPTISM | PENANANCE | 1 st COMM |
| | | | | | | | | |

Are there any special needs that should be brought to our attention? (Identify by name & explain here) _____

Church of Baptism: _____
Parish Name City State

Date of Baptism: _____ **Date of First Holy Communion:** _____

Church of First Holy Communion: _____

**Kindergarten classes meet on Mondays or Wednesdays ONLY: 4-5:00pm.
Second grade classes meet on Mondays, Tuesdays, or Wednesdays: 4-5:00pm
First, Third, Fourth, and Fifth grades meet on Mondays or Wednesdays: 4-5:00pm**

Class Day 1st Choice: _____ **2nd Choice:** _____

TUITION
\$135.00
First Communion fee \$40

Office Use Only
Tuition Paid _____
Date & Check # _____
Bap Cert _____ Per Slip _____

\$40.00 First Communion fee (Due the year First Communion is to be received)

ST. MAXIMILIAN KOLBE CATHOLIC CHURCH

5801 Kanan Road • Westlake Village, CA 91362 • (818) 991-3915 ext. 110

Gemma Fasani, Elementary Faith Formation Coordinator: Gemma@stmaxchurch.org

**FAITH FORMATION
PERMISSION SLIP / MEDICAL RELEASE FORM**

PARENT/GUARDIAN CONSENT FORM/WAIVER OF CLAIMS AND MEDICAL INFORMATION/AUTHORIZATION FOR PARTICIPATION IN EVENTS AND/OR ACTIVITIES SPONSORED BY ST. MAXIMILIAN KOLBE FAITH FORMATION AT ST. MAXIMILIAN KOLBE PARISH.

PRINT CHILD'S LAST NAME, FIRST NAME

has my permission to participate in Faith Formation sponsored events and/or programs at St. Maximilian Kolbe Parish for the period from June 01, 2020 – August 31, 2021.

I agree to direct my son/daughter to cooperate and to conform to the directions and instructions of the St. Maximilian Kolbe (SMK) Faith Formation personnel and volunteers in charge of activities, and I understand that transportation for my daughter/son to Faith Formation sponsored events will be provided by the Participant's respective Parent/Guardian.

I also give permission for my son/daughter to be photographed at Faith Formation activities and possibly be posted on the St. Max's Web Site, parish bulletin or on posters at St. Max's for present or future use.

I, the undersigned, hereby release St. Maximilian Kolbe, agents, representatives from all liability arising out of or in connection with all St. Maximilian Kolbe Faith Formation activities. For the purpose of this agreement, liability means all claims, demands, losses, causes or action, suits or judgments of any and every kind that I, my heirs, executors, administrators or assignees may have against St. Maximilian Kolbe, or that any other person or entity may have against St. Maximilian Kolbe because of death, personal injury, or illness, or because of any loss or damage to property that occurs during any activities and that results from any other cause other than negligence.

Should it be necessary for my son/daughter to require medical testing and/or treatment while participating in events sponsored by St. Maximilian Kolbe Faith Formation in which I (Parent/Legal Guardian) cannot be contacted, permission is hereby given to SMK personnel and volunteers to render medical treatment deemed necessary and appropriate by the physician. I understand that any insurance benefits that are active have limited application.

I have read and understand the foregoing statements and agree to assume the responsibilities stated above.

Parent/Legal Guardian Signature: _____ Date: _____

Address: _____ City _____ Zip _____

Participant's Home Phone #: _____ Participant's D.O.B.: _____

Parent/Legal Guardian Work Phone or Cell#: _____

Emergency Contact Person (other than parent): _____

Emergency Contact's # (cell): _____ (work): _____

Family Physician: _____ Phone #: _____

Medical Group Coverage: _____ Group/Member Number: _____

*** Please be aware of the following medical condition(s) for my son/daughter listed here:**

Does your child have allergies? Yes No. If yes, please list _____

Emergency Contacts and Pick up Authorization Classroom Point of Pickup Form

Student Name: _____
Last Name, First Name

St. Maximilian Kolbe's Faith Formation will not release your child to anyone who you have not included on this authorization pickup form. We know that emergencies and unusual situations happen, however, we ask that you please try to limit the people who pick up to the ones on the Authorization for Pickup Form.

If the pickup person is not on your authorized list: We will require a written note be given to the teacher when the child is brought to class, with your signature authorizing the non-listed person to pick up. We cannot accept phone call pickup changes if it will be someone not on your authorized list. You will be notified immediately if someone not on your list comes to pick up your child and we have not received a written note with your authorization.

Picture I.D. Required: Please notify the people on your list that a picture I.D. will be asked for by the teacher prior to releasing your child, so be sure to bring it in with them. This also applies to anyone authorized in a written note to pick up. Please Note: If a child of a person listed below comes in to pick up your child, we will not release the child to another child. Your child will only be released to the adults named on your list with picture I.D.

All these precautions for releasing students are to insure your child's safety and are not meant to cause intentional inconvenience for parents. We very much appreciate your understanding and cooperation with our policies on picking up students.

If changes need to be made to this list during the course of the school year, please come by St. Maximilian Kolbe's Faith Formation office to complete a new form.

Those authorized to pick up your child must be at least 18 years of age. For your child's safety, siblings under the age of 18 will not be allowed to sign your child out.

Name: _____ Phone: _____ Relationship _____

Name: _____ Phone: _____ Relationship _____

Name: _____ Phone: _____ Relationship _____

Name: _____ Phone: _____ Relationship _____

By signing below, I verify that I have read and agree to the student pickup policies described above, and authorize St. Maximilian Kolbe Faith Formation to release my child to the above listed persons.

Parent/Guardian signature

Date: _____

Empowering God's Children and Young People©

Safety Program Year 1: Safe Touching Rules



TO: Parents of St. Maximilian Kolbe Elementary Faith Formation Program

SUBJECT: "Empowering God's Children and Young People©" Safety Program

DATE: Program year 2020-2021

We, at St. Maximilian Kolbe Parish, are committed to the safety and well-being of your children and in helping to empower them to protect themselves from child sexual abuse.

For this purpose, the Archdiocese of Los Angeles has created "Empowering God's Children and Young People"© Safety Program. For the 2020 – 2021 school year, we will be presenting **Year One: Safe and Unsafe Touching Rules**. Through these age-appropriate lessons, students will learn what to do and how to react when someone's touch is confusing or scary or makes the child feel uncomfortable. Leaders will reinforce parents' message about touching safety such as:

- Identify safe and unsafe touches
- Understand and repeat the Five Body Safety Rules
- Identify safe adults and *special* safe adults
- Understand rules about unsafe adults and strangers
- Share what they have learned with their parents/guardians
- Understand similar safety rules also apply for Online activities.

Each lesson has a "Parent/Guardian Take Home Activity" to help you discuss this important topic with your child.

If you have questions, need any additional information about the program or would like to review any of the materials, please feel free to contact Gemma Fasani, Elementary Faith Formation Coordinator at 818-991-3915 Ext 110 or email Gemma@stmaxchurch.org.

Please return signed bottom part

Permission Slip

"Empowering God's Children and Young People" © Safety Program
Year 1: Safe Touching Rules
(Please sign one form per child)

I give my consent for my child to participate in the Archdiocese of Los Angeles "Empowering God's Children and Young People" © Safety Program. I understand that I need to complete and return this Permission Slip to St. Maximilian Kolbe Faith Formation Office with the registration packet.

Child's Name: _____ Grade: _____

Parent or Guardian's Name (Printed): _____

Parent or Guardian's Signature: _____ Date: _____

****WE ARE A PARENT PARTICIPATION PROGRAM****

The Faith Formation program at St. Maximilian Kolbe is successful due to the dedicated service of the parents and other parishioners who volunteer their time and talents.

With this in mind, please check off one or more areas of service to the Religious Education program. If you plan to teach or co-teach, check only that box.

NAME _____ PHONE # _____

E-MAIL ADDRESS _____

I AM INTERESTED IN:

CLASS INVOLVEMENT: If you would like to teach, we will provide you with the tools to make your experience and theirs great!

_____ **TEACH** WEEKLY FAITH FORMATION CLASS (NO CHARGE for child's tuition)

GRADE YOU WOULD LIKE TO TEACH _____

_____ **CO-TEACH** WEEKLY FORMATION CLASS (NO CHARGE for child's tuition)

GRADE YOU WOULD LIKE TO CO-TEACH _____

_____ **AIDE** (Assist in class on a weekly basis - 1/2 tuition)

GRADE YOU WOULD LIKE TO ASSIST IN _____

OTHER AREAS:

_____ HELP WITH VACATION BIBLE SCHOOL CAMP IN SUMMER

_____ HOSPITALITY- Prepare food for parish gatherings when called upon (once or twice a year)

COMMENTS: _____