



FC REG _____ - _____

Religious Education Registration 2020-2021

Please Print Clearly Date: _____

New _____
Day Attended _____
Transferred to _____

CHILD INFORMATION (Per the Birth/Baptismal Certificate)

Baptismal Name: _____ / _____ / _____
 (First) (Middle) (Last) Father's (Last) Mother's

Birth information: Place _____ Month _____ Day _____ Year _____ Age of Child: _____ M / F

Baptism: Church _____ City _____ Month _____ Day _____ Year _____ or RCIA _____

Preparation for 1st Holy Communion during Confirmation year 1: _____

Communion year 1 / Church: _____ City: _____

Communion year 2 / Church: _____ City: _____

Public School	Grade level	Com 1 / Com 2 / Confirmation 1 / Confirmation 2 Circle Religious Education Year
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Communion Year 1 - Sessions: _____ **Wednesday 4:00 pm -5:30 pm**

Communion Year 2 - Sessions: _____ **Thursday 4:00 pm -5:30 pm**

Confirmation Year 1 Sessions _____ **1ST and 3rd Sunday**

Confirmation Year 2 Sessions _____ **2nd and 4th Sunday**

Siblings in Religious Education:

First Name	Last Name	Grade Level	First Communion Circle Year		Jr High Confirmation Circle Year	
			Com 1	Com 2	Confirmation 1	Confirmation 2
			Com 1	Com 2	Confirmation 1	Confirmation 2

PARENT OR GUARDIAN INFORMATION (per the Baptismal Certificate)

Child lives with: Mother _____, Father _____, Other (Explain) _____

<u>Mother - First</u>	<u>Mother - Middle</u>	<u>Mother - Last</u>	<u>Occupation</u>
<u>Address:</u>	<u>Street # and Name</u>	<u>City and Zip Code</u>	<u>Apartment #</u>
<u>Home Phone</u>	<u>Cell Phone</u>	<u>Work Phone</u>	<u>Email Address</u>
<u>Father - First Name</u>	<u>Father - Middle Name</u>	<u>Father - Last Name</u>	<u>Occupation</u>
<u>Address:</u>	<u>Street # and Name</u>	<u>City and Zip Code</u>	<u>Email Address</u>
<u>Home Phone</u>	<u>Cell Phone</u>	<u>Work Phone</u>	<u>Email Address</u>

TRANSPORTATION INFORMATION: What transportation will you provide for your child to and from Holy Cross Church?

Parents _____ Guardians _____ Bus _____ Walking _____ Other _____

Primary Contact Name	Relationship	Home Phone	Cell Phone
Secondary Contact Name	Relationship	Home Phone	Cell Phone

Please complete other side.

Electronic Communications

California Civil Code states require us to obtain a signed acceptance from parents before communicating electronically:

I agree to the electronic communication such as texting and/or emailing to communicate with Holy Cross Church, Religious Education Program for class materials, meetings, and classroom instruction

Date:	
Signature:	

PHOTO RELEASE

The undersigned parent (s)/Guardian hereby authorize and consents that Holy Cross staff may be permitted to use and publish for publicity and promotional purposes, the name and likeness of my child: _____, or for any other lawful purpose whatsoever, including electronic media. Note: If for any reason we have inadvertently posted your child(ren) and you have indicated a desire for the 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.

Initial: X _____

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, “**Empowering God’s Children and Young People**” **Safety Program** for Children was adopted by the Archdiocese of Los Angeles. Holy Cross Religious Education will present the “**Empowering God’s Children and Young People**” **Safety program**, an abuse prevention program, to all of our students (Grades K-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 child participates. We encourage you to review the attached pamphlet, Protecting God’s children – “**Empowering God’s Children and Young People**” **Safety Program**; this guide is 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 “**Empowering God’s Children and Young People**” **Safety Program**, is with my approval. I am specifically requesting Holy Cross Religious Education to present this program to my child.

PERMISSION FORM FOR USE WITH “EMPOWERING GOD’S CHILDREN AND YOUNG PEOPLE” © SAFETY PROGRAM:

I AM ALLOWING MY CHILD _____ **TO PARTICIPATE IN THE PROTECTING GOD’S CHILDREN “EMPOWERING GOD’S CHILDREN AND YOUNG PEOPLE” SAFETY PROGRAM**

If you Do Not Agree, please Sign the “**Opt-Out**” **Form**

Signature: X _____

I the parent or guardian of the above mentioned child hereby gives my permission for his/her participation in the Holy Cross Religious Education and Youth Ministry Programs. I agree to direct my family to co-operate and conform to the requirements set forth by the Holy Cross Religious Education Program.

Name: (Printed) _____

Name: (Signature) _____ **Date:** _____

Payment tuition information: DO NOT WRITE BELOW THIS LINE - FOR OFFICE USE ONLY

Date	Receipt No.	Child’s name	Payment in cash /	Check # / Cheque	Balance	Initials