



**ST. BRIDGET OF SWEDEN CATHOLIC CHURCH**

Office: (818) 782-7181

**FIRST COMUNION 2020-2021**

**First Year**

DATE \_\_\_\_\_

Students Full Name: \_\_\_\_\_ Age \_\_\_\_\_

As it appears on the Birth Certificate. Please provide copy.

Date of Birth: \_\_\_\_\_

Name of School of Attendance: \_\_\_\_\_ Grade in September: \_\_\_\_\_

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

Fathers full name: \_\_\_\_\_

Mothers full name: \_\_\_\_\_

Home Phone No.: \_\_\_\_\_ Cell Phone No.: \_\_\_\_\_

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

Does the student live with: both parents (\_\_\_) Father only (\_\_\_) Mother only (\_\_\_)

Is the student baptized by the Catholic Church: \_\_\_\_\_ Please provide copy

Where do you attend Sunday Mass? \_\_\_\_\_

What time is the mass you attend? \_\_\_\_\_

**In case of an emergency** you are authorized to release my child to the following person:

(The person who you authorized to pick up your son/daughter in case of an emergency will need to show an ID)

Name: \_\_\_\_\_

Phone No. \_\_\_\_\_

Signature of Father/Guardian: \_\_\_\_\_

Signature of Mother/Guardian: \_\_\_\_\_

**Fee: 1 child: \$ \_\_\_\_\_, for every additional child: \$ \_\_\_\_\_**

..... **Office Use Only**.....

**Date of Registration:** \_\_\_\_\_ **Amount Paid:** \_\_\_\_\_ **Receipt #** \_\_\_\_\_

Documents received: Birth Certificate \_\_\_\_\_ Baptism Certificate \_\_\_\_\_ First Communion \_\_\_\_\_

**Received By:** \_\_\_\_\_

**ST. BRIDGET OF SWEDEN PARISH  
RELIGIOUS EDUCATION PROGRAM  
COURSE 2020-2021**

**REGISTRATION DATES**

Registration for Catechism classes for Communion, Confirmation and RCIA will be open on Saturday, August 29th and Sunday, August 30th from 9 am to 1 pm and in September on all Saturdays and Sundays at the same time outside of the Religious Education Office. (We will follow the protocols established in the parish due to the pandemic)

**REGISTRATION FEE**

- Communion: First year \$ 100.00 for each student. \$75.00 each additional sibling.
- Communion: Second year \$ 125.00 per student. \$75.00 each additional sibling.
- Confirmation: First year \$ 125.00 per student. \$75.00 each additional sibling.
- Confirmation: Second year \$ 200.00 per student.
- Special Needs: \$ 80.00 per student.
- RCIA: \$ 50.00

The total fee of registration should be paid when registering. In some cases, an initial payment of \$50 will be paid leaving the remainder to be paid at a later date. (The \$50 is needed upfront to pay for the book)(Payment plan to be discussed with the Religious Education Director)-

**COMMUNION PROGRAM BEGINNING DATE: DAY OF CLASS WITH THE CATECHIST AND DAY THE PARENTS TAUGHT**

- a) **COMMUNION GRADE 1:** Will start on Saturday, October 17, 2020.
- From 9:00 to 10:00 AM. The class will be taught by Catechists through Zoom or other digital means.
  - From 10:00 to 10:30 AM. Review of the class with the parents and memorization of prayers.
- b) **COMMUNION GRADE 2:** Will start on Saturday, October 24, 2020.
- From 10:00 to 11:00 AM. The class will be taught by Catechists through Zoom or other digital means.
  - From 11:00 to 11:30 AM. Review of the class with the parents and memorization of prayers.
- c) **SPECIAL NEEDS:** Will start on Saturday October 17, 2020
- Saturdays from 10:00 to 11:00 am. The class will be taught through Zoom by Catechists.

**CONFIRMATION CLASSES BEGINNING DATE:**

- a) **CONFIRMATION GRADE 1:** Will start on Wednesday, October 14, 2020
- 1st and 3rd Wednesday of the month from 7:00 to 8:30 pm. Class through Zoom or other digital means taught by the Catechists.
- b) **CONFIRMATION GRADE 2:** Will start on Wednesday, October 21, 2020
- 2nd and 4th Wednesday of the month 7:00 to 8:30 pm. Class through Zoom or other digital means taught by the Catechists.

**START DATE OF THE CHRISTIAN INITIATION PROCESS FOR ADULTS (RCIA)**

- a) Classes will begin on Thursday, October 15.
- b) Classes will be held weekly on Thursdays from 7:00 to 8:30 PM.

**NOTE:** Due to Covid 19, the classes will not be face-to-face, but will be taught virtually, either by Zoom or another digital medium. This is a short-term plan following archdiocesan school guidelines.

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

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

**Name of Location:** St. Bridget of Sweden Parish

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:**

Biweekly Zoom Meetings with Communion and Confirmation Students

**Duration of Release:** October 2020 - May 2021

***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: \_\_\_\_\_



**Empowering God's Children and Young People©  
Permission Slip  
2020 – 2021**

To: \_\_\_\_\_ [Parent or Guardian]

From: St. Bridget of Sweden Catholic Church – Religious Education Program for Communion

Subject: **Empowering God's Children and Young People© Safety Program**

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

We at St. Bridget of Sweden Parish are committed to your child's safety and well-being. There are daily reports of child abuse, both sexual and other forms in our society. Therefore, we recognize how important it is to "empower" our children and young people with the knowledge and understanding of ways to keep themselves and others safe from potential harm.

The *Empowering God's Children and Young People© Safety Program* is provided by the Archdiocese of Los Angeles as an ongoing effort to educate children and young people through classroom lessons and activities on ways to maintain their own personal safety. It is based on catechetical principals to help them know they are loved by God and that He wants them to be healthy and safe.

The *Empowering God's Children and Young People© Safety Program* will be presented to our students during the month of December. The topics for this year's lesson include **The Five Body Safety Rules, Safe and Unsafe Adults, and Internet Safety**. Each lesson includes video presentations, classroom discussion, individual and group activities, as well as, a "Take Home Activity" for students to complete with a parent/guardian. A Summer Safety Lesson will also be presented at the end of each year.

Parents/guardians seeking additional information regarding this program or who would like to review the materials/videos, please feel free to contact: Sr. Magdalena Carrillo M. Phone: 323 770-6471

---

St. Bridget of Sweden Catholic Church – Religious Education Program for Communion  
*Empowering God Children and Young People© Safety Program*  
**Parent Permission Slip**  
2020 – 2021

I understand that for my child to participate in the *Empowering God's Children and Young People© Safety Program*, I need to fill out and return this Parent Permission Form by **septiembre**. I am specifically giving permission for the *Empowering God Children and Young People© Safety Program* to be presented to my child.

Child's Name (printed): \_\_\_\_\_

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

Parent/Guardian Signature: \_\_\_\_\_

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

**Parish Name / Nombre de la Parroquia**

**EMERGENCY INFORMATION FORM / FORMA DE INFORMACIÓN PARA EMERGENCIAS**

(A separate form must be completed for each child. / Esta forma debe de ser completada por cada hijo(a).)

Child or Youth Full Name / Nombre complete del hijo(a)

**If a parent or guardian can't be reached in an emergency, please contact: / Si el padre, madre o guardián no pueden ser contactados en una emergencia, favor de contactar a:**

First and Last Name / Nombre completo

Relationship to child or youth / Parentezco con el hijo(a)

Emergency contact phone # / No. de teléfono de contacto para emergencias

Name of Family Doctor / Nombre del médico familiar

Phone # / No. de teléfono

Name of Family Dentist / Nombre del dentista familiar

Phone # / No. de teléfono

Medical Insurance Carrier / Compañía aseguradora de salud

Carrier Policy # / No. de póliza

Group # / No. grupo

Medical Insurance Address Information / Dirección de la compañía aseguradora de salud

Phone # / No. de teléfono

**List any medical condition which restricts physical activity or requires special attention or minor adjustments. Include conditions such as asthma or allergies (e.g. peanuts, bee stings, etc.) If none, please indicate "none". / Enumere cualquier condición médica que restrinja la actividad física o requiera atención especial o algún tipo de ajuste menor. Incluya afecciones como el asma o alergias (por ejemplo: al maní, las picaduras de abejas, etc.) Si no hay ninguna, sírvase indicar "ninguna".**

Does your child or youth take any medications? / ¿Está su hijo(a) tomando algún medicamento? Yes / Sí  No   
If "yes", please provide a list. / Si responde "sí", provea una lista de medicamentos.

**ST. BRIDGET OF SWEDEN PARISH  
818 782-7181**

**RELIGIOUS EDUCATION PROGRAM  
COURSE 2020 -2021**

**PARENTAL AGREEMENT TO BECOMING INVOLVED IN THE SACRAMENTAL PREPARATION PROGRAM**

Due to Covid 19, the Religious Education classes for Communion and Confirmation will not be given in person, but will be virtual, so we require your involvement in the Sacramental preparation classes of your child. To show that you agree to such participation, put your initials at the beginning of each paragraph.

I, \_\_\_\_\_ am the parent/guardian of \_\_\_\_\_ and agree to be involved in the sacramental preparation of my son / daughter in the following areas:

\_\_\_\_\_ I agree that my son / daughter receives the Catechism class in virtual form, either by Zoom or other digital means, and I accept the responsibility of monitoring the presence and participation of my son / daughter during the class. We (parent and child) will have the student book to follow the Catechist instruction.

\_\_\_\_\_ I promise to review the class with my son/daughter to reinforce the teachings of each lesson.

\_\_\_\_\_ I promise that my child will memorize the basic prayers assigned for First Communion. This work will be the responsibility of the parents, not the Catechist.

\_\_\_\_\_ I agree that my child will not be absent more than two times (due to illness or family emergencies)

\_\_\_\_\_ If for health reasons I cannot attend Sunday Mass in person at the Parish, I will watch with my family the livestream Mass through the means I have available. (Until receiving new regulations from civil and religious authorities)

\_\_\_\_\_ I agree to receive text messages or phone calls from my child's Catechist to obtain information about activities related to the Religious Education Program.

Print your name: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date