

Mary Star of the Sea Parish
Office of Religious Education
Faith Formation: Age 4 years through 8th Grade and RCIC

Today's Date: _____

Child's Name					
Last Name	First	Middle	Date of Birth		
Name of Father		Name of Mother or Guardian			
Home Address: Street		City		Zip Code	
Telephone Numbers: Child's Home		Parents' Work		Cellular	
		Mother:			
		Father:			
Emergency Contact: Name		Phone Number		Cellular	
Did child attend Religious Education last year?			<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If Yes, Where?					
Child's grade in September of this year			Name of the school child attends now		
SACRAMENT INFORMATION					
Has your child received the following sacraments?			<u>Class Day Preferred</u>		
Baptism *	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Wednesday	<input type="checkbox"/> 4:15 – 5:30 pm	Pre-K – 6 th Grade
First Confession	<input type="checkbox"/> Yes	<input type="checkbox"/> No		<input type="checkbox"/> 5:00 – 6:00 pm	Grades 7 and 8
First Communion	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Saturday	<input type="checkbox"/> 9:45 – 11:00 am	Pre-K – 6 th Grade
* If yes, a copy of Baptism certificate must accompany this application. If your child was baptized at Mary Star of the Sea, we will obtain a copy.			RCIC	<input type="checkbox"/> (Child older than 2 nd Gr. preparing to receive sacraments for the 1 st time)	
			Email:		
Please complete the other side of this form					
FOR OFFICE USE ONLY					
Tuition:	Tuition \$75 for one child; \$115 for two siblings and \$150 for three siblings.				
Date	Amount Paid	Cash	Check #	Received by	Balance
Baptism Cert. Received		Class	TTS	Please complete other side	

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Reminder: Please contact us when phone number and/or email changes. It is important that we be able to contact you at all times.

CHILD'S MEDICAL INFORMATION		
Last Name	First	Middle
Physician's Name		Phone
Is your child allergic to any medication? If yes, list medications		
Please list any medication your child takes regularly		
Medical Insurance		
Are there any special needs for your child due to physical or emotional difficulties? Please list		
<u>Authorization</u>		
<i>In case of an emergency, I authorize that my child and this record be transported to the nearest medical facility and that emergency medical care be rendered as necessary.</i>		
_____		_____
<i>Parent Signature</i>		<i>Date</i>

PHOTO RELEASE: Parent Authorization, consent and release.

The undersigned parent hereby authorizes and consents that Sr. Mary's Religious Education staff be permitted to use and publish for publicity purposes, the name and likeness of my child _____, or for any other lawful purpose whatsoever, including electronic media.

The parent acknowledges having read this release, having the opportunity to consider and understand its terms and does hereby execute it voluntarily with knowledge and its significance.

Parent/Guardian Signature: _____ **Date** _____

Mary Star of the Sea Parish
Religious Education
870 W Eighth Street
San Pedro CA 90731
Tel. (310) 833-3541 ext. 221, 222

Dear Parents:

The Archdiocese of Los Angeles is committed to compliance with the U.S. Bishops' Charter for the Protection of Children and Young People. The Charter mandates that each diocese establish and maintain a **Safe Environment Program** for children and youth. In light of this, a Teaching Touching Safety Program for Children was adopted by the Archdiocese of Los Angeles in September, 2002.

As part of our parish's effort to maintain a safe environment for children and to protect all children from sexual abuse, the Religious Education Program will present a **Teaching Touching Safety** lesson during one class period this year.

This is not a sex education class but simply a reminder to our children of how to be safe. Your signature is needed to give permission for your child to take part. Thank you.

Sister Mary J. Glynn SJC, Director
Director of Religious Education

My child _____ Grade: ____ Class Day: _____

____ **May participate** in the Protecting God's Children 'Teaching Touching Safety' class offered by the Religious Education Program of Mary Star of the Sea Parish.

____ **Does not have permission** to take part in Protecting God's Children 'Teaching Touching Safety' class offered by the Religious Education Program of Mary Star of the Sea Parish.

Parent's name (printed) _____

Parent's signature: _____

Date: _____