

# **St. Raphael's JR HIGH Sacramento and** **Pre Confirmation Ministry 2019-2020**

*7<sup>th</sup> & 8<sup>th</sup> Grade Youth Ministry*  
**Print All Answers—PLEASE BE NEAT!**

**Student Name/Nombre** \_\_\_\_\_  
(Last) (First) (Middle)

**Birthdate / Fecha de Nacimiento:** \_\_\_\_\_ **Male /Hombre** \_\_\_\_\_ **OR Female/Mujer** \_\_\_\_\_  
(Month/Day/Year) (Mes/Dia/Año)

**Student Cell Phone /Celular del Estudiante** \_\_\_\_\_

**Student Email Address: Correo Electronico del Estudiante** \_\_\_\_\_

**Home Address / Domicillio** \_\_\_\_\_  
(Street) (Apt #) (City) (Zip Code)

**Phone Numbers/Numeros de Telefono : Home Phone/ Dela Casa** \_\_\_\_\_

\_\_\_\_\_  
(Father's Work Phone) Trabajo de la Padre (Mother's Work Phone) Trabajo de la madre

\_\_\_\_\_  
(Father's Cell Phone) celular de la padre (Mother's Cell Phone) Celular de la Madre

**Parents Perfered Language:** Idioma preferido por los padres \_\_\_\_\_ *English* \_\_\_\_\_ *Spanish*

**Mother's Name:** Nombre de la Madre \_\_\_\_\_  
(First Name /Nombre) ( Last Name/ Apellido)

**Father's Name:** Nombre de el Padre \_\_\_\_\_  
(First Name /Nombre) ( Last Name/ Apellido)

**Parent's Email:** \_\_\_\_\_  
(List all emails checked, starting with one used most) Correo Electronico del Estudiante

**Student Lives with:** El estudiante vive con: \_\_\_ *Both Parents* \_\_\_ *Mother* \_\_\_ *Father* \_\_\_ *Other*

**JR. High School/Escuela** \_\_\_\_\_ **Current Grade/Grado** \_\_\_\_\_

**Medical Precautions/ Precauciones Medicos** \_\_\_\_\_

*(Please list ALL allergies, Medical Conditions, Necessary Medical History, Inclusion in Special Education Classes at School)*  
*Por favor escribe TODAS las alergias, condiciones medicos, historial medico, incluyendo clases de educacion especial en la Escuela*

**Name of Church you attend/\_ Nombre de la iglesia a la que atiende:** \_\_\_\_\_

**Parent's Religion:** Religion de los Padres \_\_\_\_\_  
Mother/ Madre Father Padre

**Does Child need Baptism** Necesita el niño bautismo? **Yes** \_\_\_\_\_ **No** \_\_\_\_\_

**Does Child need First Communion** Necesita el niño primera comunion **Yes** \_\_\_\_\_ **No** \_\_\_\_\_

**Please complete opposing side—Por Favor llena la proxima pagina ----->**

# St Raphael's JR HIGH MINISTRY

Person to be notified (other than Parent) in case of emergency. Contactos de Emergencia

Name: Nombre: Relationship/ Relacion Cell /Home Phone/ Numeros de Telefono

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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 lines:**

Image: Yes \_\_\_ No \_\_\_ Voice: Yes \_\_\_ No \_\_\_ Name: Yes \_\_\_ No \_\_\_ Work :N/A

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 location in publications, catalogues, brochures, books, yearbooks, magazines, exhibits, films, videotapes, Cd's, DVD's, email messages, websites, or any other form now known or later developed.

The location may use the Personal Information at it's 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 improve any materials that may be created using 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 the rights, title and interest including copyrights in the photographs, electronic recording or materials. If the location intends to use the materials for 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, damage, 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 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 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.

Parent / Guardian Signature / Firma \_\_\_\_\_ Date: \_\_\_\_\_

Print Parent/Guardian Name: \_ Imprimir Nombre \_\_\_\_\_

**PAYMENT FOR Jr High Ministry PRAGO POR Jr High Ministry - \$50**

(Checks payable to St Raphael's Youth Ministry)

AMOUNT: \_\_\_\_\_

CHECK # \_\_\_\_\_

CASH \_\_\_\_\_

VIRTUS "Teaching Touching Safety" Children's Program  
Archdiocese of Los Angeles  
"Permission Form"

*Please Return with Registration*

Dear Parents or Guardians,

St. Raphael Religious Education Program will present a sexual abuse prevention program named, *Teaching Touching Safety*, to our students this 2018/2019 school year. The creators of Protecting God's Children™ developed this program "*Teaching Touching Safety*", that is provided to us by the Archdioceses of Los Angeles, and is a part of our ongoing effort to help create and maintain a safe environment and to protect all children from sexual abuse.

Please complete the Permission Form at the bottom of this page. As a parent, you have the right to choose whether your student participates. An opt-out form is available on request. If you have questions about this program, please contact Ana Cervantes- Religious Education Coordinator at 967-1641 ext.4

For more information on *Teaching Touching Safety* program, visit the VIRTUS Online™ website at [www.virtus.org](http://www.virtus.org).

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

I understand that my child will participate in the program of Protection God's Children™ "*Teaching Touching Safety*". I am specifically requesting that St. Raphael Religious Education Program present the *Teaching Touching Safety* program to my child whose name is:

Student's Name \_\_\_\_\_

Parent or Guardian Signature \_\_\_\_\_

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

Date \_\_\_\_\_

SPANISH →

Programa de VIRTUS "Enseñando la Seguridad en el Contacto Físico"  
Archidiócesis de Los Ángeles  
"Formulario de permiso"

Por favor firme y devuelva con el registro

Estimados Padres o Tutores,

El Programa de Educación Religiosa de San Rafael, presentará un programa de prevención de abuso sexual con nombre, *Seguridad en el Contacto Físico*, a nuestros estudiantes este año educativo del 2018/2019. Los creadores de Protegiendo a los Niños de Dios™ desarrollaron este programa que la Arquidiócesis de Los Angeles nos lo ha brindado, y es una parte de nuestro esfuerzo continuo para ayudar a crear y mantener un ambiente seguro y de proteger a todos los niños el abuso sexual.

Por favor complete el formulario de permiso en la parte inferior de esta página. Como padre, usted tiene el derecho de elegir si su hijo participa. Un formulario de exclusión está disponible bajo petición. Si usted tiene preguntas acerca de este programa, por favor comuníquese con la Coordinador de Educación Religiosa Ana Cervantes al 967-1641 Est.4

Para obtener más información sobre el programa, Seguridad en el Contacto Físico, visite el sitio web de VIRTUS Online™ en [www.virtus.org](http://www.virtus.org).

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Formulario de autorización para el uso del programa de *Seguridad en el Contacto Físico*:

Entiendo que mi hijo participara en el programa Protegiendo a los Niños de Dios™ *Seguridad en el Contacto Físico*. Estoy solicitando específicamente que el programa de Educación Religiosa de San Rafael presentar este programa a mi hijo, cuyo nombre es:

Nombre de estudiante \_\_\_\_\_

Firma de Padre o Tutor \_\_\_\_\_

Nombre de Padre o Tutor (en molde) \_\_\_\_\_

Fecha \_\_\_\_\_

# St. Raphael's Junior High

## Pre Confirmation Ministry 2019-2020

Along with Special Sacraments as Needed

Meets: October to April from 7:00 PM – 8:30 PM

We encourage all 7th. and 8th. graders to participate in this NEW Junior High ministry program to prepare for High School Confirmation. Students will explore the Gospels of Jesus in order to develop an ongoing relationship with him by understanding and living the Sacraments of our Catholic faith.

Also, this program will prepare Junior High students who are in need of these Sacraments:

**BAPTISM - FIRST CONFESSION - FIRST COMMUNION**

This ministry will prepare Jr. High Students for any of the Sacraments needed in this two year period. Junior High Students who have had early faith formation and Sacraments will deepen their understanding of their faith through this Ministry

**FRIENDS ARE ALWAYS WELCOME TO PARTICIPATE !!!**

For more information check out our website:

[www.straphaelslifeteen.com](http://www.straphaelslifeteen.com)

John 964-3466 Ext 1 - or - Justine 964-3466 Ext 2

Email: [srym12@yahoo.com](mailto:srym12@yahoo.com)

St Raphael's Catholic Church

5444 Hollister Ave. Santa Barbara, Ca. 93111

October 3rd

October 17<sup>h</sup>.

November 7<sup>th</sup>.

November 21<sup>st</sup>..

December 5<sup>th</sup>.

December 19<sup>th</sup>

January 9<sup>th</sup>.

January 23<sup>rd</sup>..

February 6th.

February 20<sup>th</sup>.

March 5<sup>th</sup>.

March 19<sup>th</sup>.

April 2<sup>nd</sup>.

April 16<sup>th</sup>

**REGISTRATION FEE - \$50**

**Make Checks Payable to St Raphael's Youth Ministry**

This Program takes place in the Gym and Room A and B

