



1305 Royal Ave.
 Simi Valley, CA ~ 93065
 805-526-5513

FAITH FORMATION REGISTRATION FORM

**YEAR
 21/22**

FEES	
REGISTRATION - A minimum \$25.00 deposit due at time of registration	FEE PER CANDIDATE
PREVIOUS BALANCE	\$
PRESCHOOL FAITH FORMATION	\$80.00
3 TO 5 - FAITH FORMATION	\$50.00
FIRST HOLY COMMUNION YEAR 1	\$100.00
FIRST HOLY COMMUNION YEAR 2	\$ 100.00
CONFIRMATION YEAR 1 (REGISTRATION, 3 DAY AWAY RETREAT)	\$300.00
CONFIRMATION YEAR 2 (REGISTRATION, 3 DAY AWAY RETREAT, GOWN)	\$335.00
LATE FEE* -Full payment of account needs to be submitted by the end of the catechetical year or late fee will be applied	\$25.00
DISCOUNTS (\$10 off for each additional child, 10% off for payment in full at time of registration)	
Parent Signature _____	

FOR OFFICE USE ONLY

REGISTRATION DATE: _____ REGISTERED BY: _____

TOTAL DUE	BAL FORWARD	BAL FORWARD
AMOUNT PAID	AMOUNT PAID	AMOUNT PAID
NEW BAL	NEW BAL	NEW BAL
DATE PAID	DATE PAID	DATE PAID
CHK #	CHK #	CHK #

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DATE PAID	DATE PAID	DATE PAID
CHK #	CHK #	CHK #

STUDENT'S NAME		Year 1 or 2 of Preparation	Gender M / F	Date of Birth	Grade entering in September 2021
Last	First	1 / 2			
Allergies/medical conditions we should be aware of:			Baptized	First Comm.	Confirmation
First Holy Communion- Confirmation – RCIA – Continuing Faith			Y / N	Y / N	Y / N

Office Use: Baptismal certificate received _____ Date _____ Initials _____ First Communion certificate received _____ Date _____ Initials _____

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HEAD OF HOUSEHOLD

DATE OF BIRTH: _____

LAST NAME: _____ FIRST NAME: _____ GENDER: _____

MAIDEN NAME: _____ HOME PHONE: _____ CELL PHONE: _____
(if applicable)

HOME ADDRESS: _____ CITY: _____ ZIP: _____

E-MAIL: _____ RELIGION: _____ MARRIAGE DATE: _____

MARITAL STATUS (please circle): CATH CHURCH OTHER CHURCH CIVIL NEVER MARRIED WIDOWED SEPARATED DIVORCED

BAPTIZED CATH? **Y / N** CATH 1st COMMUNION? **Y / N** CATH CONFIRMATION? **Y / N** PROFESSION OF FAITH IN CATH CHURCH? **Y / N**

SPOUSE

DATE OF BIRTH: _____

LAST NAME: _____ FIRST NAME: _____ GENDER: _____

MAIDEN NAME: _____ HOME PHONE: _____ CELL PHONE: _____
(if applicable)

HOME ADDRESS: _____ CITY: _____ ZIP: _____

E-MAIL: _____ RELIGION: _____ MARRIAGE DATE: _____

MARITAL STATUS (please circle): CATH CHURCH OTHER CHURCH CIVIL NEVER MARRIED WIDOWED SEPARATED DIVORCED

BAPTIZED CATH? **Y / N** CATH COMMUNION? **Y / N** CATH CONFIRMATION? **Y / N** PROFESSION OF FAITH IN CATH CHURCH? **Y / N**

IN ADDITION TO THOSE LISTED ABOVE, PLEASE LIST ALL OTHER EMAILS OR NUMBERS TO BE NOTIFIED:

AUTHORIZED PEOPLE ALLOWED TO TRANSPORT YOUR CHILDREN

In addition to those listed above, the following people may transport my child(ren) to and from Faith Formation classes or events:

First Name: _____ Last Name: _____ Home Ph.: _____ Cell Ph.: _____

First Name: _____ Last Name: _____ Home Ph.: _____ Cell Ph.: _____

First Name: _____ Last Name: _____ Home Ph.: _____ Cell Ph.: _____

First Name: _____ Last Name: _____ Home Ph.: _____ Cell Ph.: _____

First Name: _____ Last Name: _____ Home Ph.: _____ Cell Ph.: _____

NON-PARENTAL EMERGENCY CONTACT

First Name: _____ Last Name: _____ Relationship to Child: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

RCIA - RITE OF CHRISTIAN INITIATION

The Rite of Christian Initiation of Adults and Children (RCIA) is the process by which people become full members of the Roman Catholic Church. Full membership in the Catholic Church involves a total formation process, which includes the sacraments of initiation: Baptism, Confirmation and Eucharist. It involves a journey of faith and conversion in which a person is introduced to the beliefs, life, liturgy and apostolic work of the Catholic Community. It also involves coming to know Jesus and His invitation to discipleship.

The RCIA is for those not yet Baptized, those Baptized in other denominations seeking to enter into full communion with the Catholic Church, and for those baptized Catholics who would like to complete their initiation by receiving the Eucharist and Confirmation. The RCIA journey is unique to each individual and the formation process continues until the candidate or catechumen is properly prepared for reception of the Sacraments.

INQUIRER'S NAME	Baptized Catholic?	Baptized other denomination	Received First communion?	Previous years' formation	Entering which Grade in September?



Empowering God's Children and Young People©

We at St. Rose of Lima Church 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 upcoming year of study. 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 St. Rose of Lima parishioner Nicole Pizano at safeguard@strosesv.com. I understand that for my child to participate in the Empowering God's Children and Young People© Safety Program, I need to provide permission. **I am specifically giving permission for the Empowering God Children and Young People© Safety Program to be presented to my child(ren).**

Parent's Signature: _____ Date: _____

MEDICAL INFORMATION AND RELEASE

Medical Release: In the event of illness or injury, I do hereby consent to whatever x-ray examination, anesthetic, medical, surgical, or dental diagnosis or treatment and hospital care are considered necessary in the best judgment of the attending physician, surgeon, or dentist and performed by or under the supervision of a medical staff or the hospital or facility furnishing medical or dental services. I fully understand that students are to abide by all rules and regulations governing conduct and safety while attending Faith Formation classes and any activities. Any violation of these rules and regulations may result in that individual being removed from the program.

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

INSURANCE CARRIER: _____ POLICY NUMBER: _____

PHYSICIAN PHONE: _____

PHOTO RELEASE

I give permission for my child to be photographed and/or videotaped for future promotional materials including website postings. I do so without expectation of compensation and with the understanding that these photographs and video images will be used exclusively by St. Rose of Lima for its publications, website, and publicity purposes.

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____