



## 2017-2018 FAITH FORMATION REGISTRATION

PARISH ID# \_\_\_\_\_  
ENTERED: \_\_\_\_\_

### Child's Information

FIRST NAME:	MIDDLE NAME:	LAST NAME:	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	DATE OF BIRTH:	AGE:
GRADE AS OF SEPT. 2017:	SCHOOL ATTENDING:	DOES YOUR CHILD HAVE AN IEP? <input type="checkbox"/> YES <input type="checkbox"/> NO <span style="float: right;">*IF YES, PLEASE PROVIDE US WITH MOST RECENT COPY*</span>			
DOES YOUR CHILD HAVE ANY ALLERGIES, MEDICAL CONDITIONS, LEARNING OR PHYSICAL DISABILITIES THAT WE SHOULD BE AWARE OF:			MEDICATIONS:		

### Sacrament Information

CATHOLIC BAPTISM: <input type="checkbox"/> YES <input type="checkbox"/> NO/RCIA	DATE OF BAPTISM:	CHURCH OF BAPTISM:	CITY/STATE OF BAPTISM:	Book: Page: Entry:
FIRST COMMUNION: <input type="checkbox"/> YES <input type="checkbox"/> NO	DATE OF FIRST COMMUNION:	CHURCH OF FIRST COMMUNION:	CITY/STATE OF FIRST COMMUNION:	Book: Page: Entry:
CONFIRMATION: <input type="checkbox"/> YES <input type="checkbox"/> NO	DATE OF CONFIRMATION:	CHURCH OF CONFIRMATION:	CITY/STATE OF CONFIRMATION:	Book: Page: Entry:

***A photo copy of each certificate (if applicable) is needed at time of registration***

### Family Information

IS YOUR FAMILY REGISTERED IN THE PARISH? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, PARISH ENVELOPE/ID: NUMBER: _____	IF NO, WOULD YOU LIKE TO BE? <input type="checkbox"/> YES <input type="checkbox"/> NO	VERIFICATION _____ INITIALS _____	
FATHER'S FIRST/LAST NAME:	FATHER'S OCCUPATION:	FATHER'S PRIMARY LANGUAGE: <input type="checkbox"/> ENGLISH <input type="checkbox"/> SPANISH	FATHER'S CELL PHONE:	
MOTHER'S FIRST/LAST NAME:	MOTHER'S OCCUPATION:	MOTHER'S PRIMARY LANGUAGE: <input type="checkbox"/> ENGLISH <input type="checkbox"/> SPANISH	MOTHER'S CELL PHONE:	
WHO DOES THE CHILD LIVE WITH? <input type="checkbox"/> BOTH PARENTS <input type="checkbox"/> FATHER <input type="checkbox"/> MOTHER <input type="checkbox"/> OTHER: _____		PREFERRED CONTACT: <input type="checkbox"/> FATHER <input type="checkbox"/> MOTHER <input type="checkbox"/> OTHER: _____	IN WHICH LANGUAGE WOULD YOU LIKE TO RECEIVE CORRESPONDANCE FROM OUR OFFICE? <input type="checkbox"/> ENGLISH <input type="checkbox"/> SPANISH	
HOME ADDRESS:	CITY:	ZIP:	HOME PHONE:	FAMILY EMAIL ADDRESS:

### Additional Children Enrolled in the Faith Formation Program at Our Lady of Guadalupe Church

CHILD #2 FIRST/LAST NAME:	CHILD #3 FIRST/LAST NAME:	CHILD #4 FIRST/LAST NAME:
PS ELEM. JR. HIGH CONF. I / CONF. II CLASS: _____	PS ELEM. JR. HIGH CONF. I / CONF. II CLASS: _____	PS ELEM. JR. HIGH CONF. I / CONF. II CLASS: _____

STUDENT FIRST NAME:	STUDENT LAST NAME:	
EMERGENCY CONTACT PERSON (OTHER THAN PARENT): RELATIONSHIP TO CHILD:	EMERGENCY CONTACT PHONE NUMBER:	
EMERGENCY CONTACT PERSON (OTHER THAN PARENT): RELATIONSHIP TO CHILD:	EMERGENCY CONTACT PHONE NUMBER:	

### Liability Waiver – Minor Permission – Release Form

Event/Program: **FAITH FORMATION**      Location: **Our Lady of Guadalupe Church, 900 W. La Habra Blvd., La Habra, CA 90631**      Dates: **September 2017-June 2018**

I, \_\_\_\_\_, the Parent (Guardian) of \_\_\_\_\_, hereby give my permission for participation in the above named activity. I agree to direct my child(ren) to cooperate and conform to directions and instructions of the parish, school, or diocesan personnel responsible for all activities.

As a condition of my child being allowed to do so, I hereby release and discharge the Diocese of Orange, its constituent organizations, including but not limited to The Roman Catholic Bishop of Orange, a Corporation Sole, Our Lady of Guadalupe Church and their officers, employees and volunteers from any and all claims for personal injuries or property damage that (s)he may suffer as a result of his/her participation in the activity named above, whether or not such injuries or damage are caused by the negligence, active or passive, of any of the entities, individuals, named or described above.

I agree that in the event my child is injured as a result of participation in the above named activity, including transportation to and from these activity, whether or not caused by the negligence, active or passive, of the parish, school, or diocesan youth activities program or any of its agents, employees or volunteers, recourse for the payment of any resulting hospital, medical, dental treatment or related costs and expenses will first be had against any accident, hospital, medical or dental insurance, or any available benefit plan of mine or my spouse. I am not aware of any medical condition which would render it inappropriate for participation in any activity.

I, hereby authorize the making of photographs, motion pictures, video tapes, recordings, or other memorializing of said event and my child's participation therein, and the publication and duplication or other use thereof. I hereby waive any right to compensation or any right that I otherwise might have to limit or to control such making or use.

I, hereby give permission to the physician, nurse, dentist or licensed care staff selected by the supervisory personnel then present to render medical, dental or other appropriate treatment deemed necessary and appropriate by the physician, nurse, dentist or licensed care staff.

Parent/Guardian Signature:	Date:
----------------------------	-------

### Safe Environment Training Education Program

As mandated by the Diocese of Orange, we are REQUIRED to offer Safe Environment training to all children in our program, preschool through Confirmation. This is completed using age-appropriate, diocesan selected material during an already scheduled faith formation session.

☐ My child will participate in the mandated Safe Environment training.      ☐ I do NOT give my child permission to participate in the mandated Safe Environment training.

Parent/Guardian Signature:	Date:
----------------------------	-------

Program	Session	Fees
<input type="checkbox"/> First Communion 1 <sup>st</sup> Year – Grades 1-8	Tuesdays <input type="checkbox"/> 4:00pm-5:30pm (grades 1-5) <input type="checkbox"/> 6:00pm-7:30pm (grades 1-8)	Regular \$105      Early \$80
<input type="checkbox"/> First Communion 2 <sup>nd</sup> Year – Grades 2-8	Tuesdays <input type="checkbox"/> 4:00pm-5:30pm (grades 2-5) <input type="checkbox"/> 6:00pm-7:30pm (grades 1-8)	<b>* Additional Sacramental Fees*</b>
<input type="checkbox"/> Confirmation I – High School	Thursdays, 7:00pm-8:30pm (Years 1 & 2 alternating weeks)	2 <sup>nd</sup> Yr. Communion    Regular \$60    Early \$50
<input type="checkbox"/> Confirmation II – High School	Thursdays, 7:00pm-8:30pm (Years 1 & 2 alternating weeks)	Conf. I      Regular \$100    Early \$80
<input type="checkbox"/> Post- First Communion – Grades 3-5	Tuesdays, 6:00pm-7:30pm	Conf. II      Regular \$200    Early \$175
<input type="checkbox"/> Junior High EDGE – Grades 6-8	Tuesdays, 6:00pm-7:30pm	Preschool, Post-Communion, & Jr. High EDGE Regular \$50      Early \$30
<input type="checkbox"/> Preschool – Ages 3-5	Sundays, 9:30am-10:30am	