



St Lorenzo Ruiz Catholic Parish Community



Welcome to St. Lorenzo's Faith Formation Class 2025-2026

We are very pleased to have your child registered in our Parish Faith Formation Program and we look forward to working in partnership with you and your child. By registering in our program ***you commit to the following requirements:***

Initial each section to acknowledge your commitment.

- ___ **Attend Mass** regularly with your children.
- ___ Commit to your child **attending classes in a timely manner.**
- ___ Complete all **home tasks** assigned by the catechists.
- ___ Participate in all **Faith Formation Program Activities and Events.**
- ___ Attend **2 Parents Informative Meetings.**
- ___ Attend **Monthly Enrichment Sessions for Parents.**
- ___ **Create a Flocknote Account** to stay current with important program information.

At our first Parents Informative Meeting you will receive the Parent Handbook along with our Year Activities Calendar.

Without meeting the above requirements your child will not be fully prepared to receive their Sacrament of Reconciliation, Eucharist and/or Confirmation.

By signing below you commit to support all Religious Education activities and fulfill the aforementioned requirements.

Parent/Guardian's Name

Signature

Date

Child's First Name

Last Name

Grade

We thank you in advance for your support and may we continue to bring the faith home together in partnership.

St. Lorenzo Ruiz Office of Religious Education (909) 757-1520.

gabycoria@saintlorenzo.org

Director of Religious Education

gabrielaencinas@saintlorenzo.org

Youth & Confirmation Coordinator



ST. LORENZO RUIZ CATHOLIC PARISH COMMUNITY FAITH FORMATION REGISTRATION - 2025/ 2026

Please complete an individual form for each child to be registered.

STUDENT INFORMATION: *Name as it appears on Baptismal Certificate*

Last Name _____ First Name _____ Middle Name _____
Date of Birth _____ Age _____ Grade (Sept 2025) _____ Male Female New Returning

YES	NO	SACRAMENT RECEPTION
		Baptism (If yes, must submit a copy of official Baptism. If no, must submit copy of Birth Certificate)
		Reconciliation
		1st Communion (If yes, must submit a copy of official First Communion Certificate)
Please answer each question: Your confidential responses help us serve your child & form balanced, effective classes.		
		Does your child have any special needs? Please specify.
		Does your child have learning disabilities? Please specify.
		Does your child have asthma?
		Do they carry an inhaler? If yes, please provide name and dosage:
		Does your child have food allergies? Please specify.
		Any other allergies or medical conditions we should be aware of? Please specify.

FAMILY INFORMATION:

St. Lorenzo Parish ID: Zone _____ Envelope # _____

**Please complete Parish Registration in the main office. A zone map is available in the pavilion.*

Father's Last Name	Father's First Name	Religion
Address	City	State ZIP
Home Phone	Work Phone	Cell Phone
Email address	Primary language	
Mother's Last Name	Mother's First Name	Religion
Address	City	State ZIP
Home Phone	Work Phone	Cell Phone
Email address	Primary language	

FAMILY INFORMATION (continued):

Child lives with? Both Parents - Same Home Shared Custody - Separate Homes
Mother Only Father Only Other _____

Does a non-custodial parent have *legally restricted access* to the child? YES NO

**If yes, please provide a current copy of court order for the child's protection.*

Siblings:	Name	Age	Grade	In Religious Education	
_____	_____	_____	_____	Yes	No
_____	_____	_____	_____	Yes	No
_____	_____	_____	_____	Yes	No
_____	_____	_____	_____	Yes	No

EMERGENCY CONTACT INFORMATION: Names MUST be individuals other than parents who we can call if neither parent can be reached.**Emergency Contact 1:**

First Name	Last Name	Relationship
_____	_____	_____
Home Phone	Work Phone	Cell Phone
_____	_____	_____

Emergency Contact 2:

First Name	Last Name	Relationship
_____	_____	_____
Home Phone	Work Phone	Cell Phone
_____	_____	_____

Family Doctor:

Name	Phone Number	Insurance & ID Number	
_____	_____	_____	
Address	City	State	ZIP
_____	_____	_____	_____

Consent for treatment: Should it become necessary for my child to have medical treatment, Thereby give the Child Faith Formation personnel at St. Lorenzo Ruiz Parish permission to use judgment in obtaining medical service for my child(ren), and I give permission to the physician selected by the parish personnel to render medical treatment deemed necessary and appropriate by the physician.

Print Parent/Guardian's Name	Signature	Date
_____	_____	_____

RELIGIOUS EDUCATION PROGRAM SELECTION: *Please indicate your 1st and 2nd choice of classes for First Communion or Confirmation. Children will be assigned to classes based on grade, total number of enrollment, and classroom/catechist availability. *Note: we cannot guarantee a specific class.*

FIRST COMMUNION - YEAR 1

Grade 1-2	Tuesday - 3:30 pm	Wednesday - 5:00 pm
Grade 3-4	Tuesday - 5:00 pm	Saturday - 9:00 am
Grade 5-6	Tuesday - 5:00 pm	

FIRST COMMUNION - YEAR 2

Grade 2-3	Tuesday - 3:30 pm	Wednesday - 5:00 pm
Grade 3-4	Tuesday - 5:00 pm	Saturday - 9:00 am
Grade 5-6	Wednesday - 5:00 pm	

CHRISTIAN INITIATION (OCIC)

Two year formation classes for Non-Baptized students in grades 5-12 and students in grades 7-12 that have not received their First Communion.

OCIC - Yr 1	Tuesday - 5:00 pm
OCIC - Yr 2	Wednesday - 5:00 pm

CONTINUING FORMATION

**Designed for youth that have celebrated their First Communion to continue to grow in their faith.*

Grades 3-5	Wednesday - 5:00 pm
Grades 6-8	Tuesday - 5:00 pm

CONFIRMATION - YEAR 1

Grade 9-11	Tuesday - 7:00 pm	Wednesday - 7:00 pm
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CONFIRMATION - YEAR 2

Grade 10-12	Tuesday - 7:00 pm	Wednesday - 7:00 pm
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PROGRAM FEES: *Registration fee covers cost of student textbooks/pamphlets, Word Among Us subscription, parent formation books, all materials used in class and liability insurance. Additional fees listed cover all costs associated with the specific program area.*

Registration Fee: 1 Student - \$170 2 Students - \$250 3 Students - \$300

Sacramental Fee: \$35 (Applies to Year 2 students of First Communion, OCIC, Confirmation)

Confirmation Gown Fee: \$30 (New) \$20 (Rental)

First Communion Retreat: \$15 **Family Mission Day:** \$15 per person

Confirmation Year 1 Retreat: \$75 **Confirmation Year 2 Retreat:** \$300

OFFICE USE ONLY: Class Day _____ Class Time _____ Catechist _____

Reg. Fee _____ Cash/Check # _____ Sacramental Fee _____ Cash/Check # _____

Family Discount Applies Scholarship Payment Plan (see attached)

Gown Fee _____ Cash/Check # _____ Retreat Fee _____ Cash/Check # _____

Baptism Certificate Received _____ First Communion Certificate Received _____

Notes: _____

VOLUNTEER OPPORTUNITIES

“What can I offer the Lord, for all the Lord’s goodness to me?” *Psalm 116:12*

Your assistance is vital to our program. **Without our valuable volunteers, we could not offer our Religious Education Program in our Parish.** Your involvement will also enrich your life and your child’s life. Check off the area you are interested in and you will be contacted with more information!

Word Among Us (WAU) Facilitator: Reflect and share the faith with other parents once a week.

Teach a Religion Class: Teach a class once a week. Training is available.

Substitute Catechist: Fill in for Catechist when needed.

Traffic Monitor/Security: Help monitor the pick-up and drop off area to ensure children’s safety.

Clerical Help: Provide clerical help in the Religious Ed office.

Refreshment Committee: Provide and/or serve refreshments for various meetings or celebrations.

Parent Advisory Board: Provides program support & opportunities for family involvement.

Safeguard the Children Committee: Meets quarterly and assures a safe environment for the children of the parish.

YES! I would like to help!

Name: _____ **Phone Number:** _____

I would like to help in my child’s class on (day) _____ at (time) _____

I am unable to assist in class but available on the following days and times for special assignments:

Monday _____ to _____

Tuesday _____ to _____

Wednesday _____ to _____

Thursday _____ to _____

Friday _____ to _____

Saturday _____ to _____

Sunday _____ to _____

***All volunteers must be fingerprinted and complete VIRTUS training before beginning volunteer positions.**

PROTECTING OUR CHILDREN

The Archdiocese of Los Angeles is committed to compliance with the U.S. Bishops' Charter for the Protection of Children and Young People. Article 12 of the Charter mandates that "each diocese establish and maintain a Safe Environment Program for children and youth." In light of this, the **VIRTUS Teaching Touching Safety Program for Children** and **The Professor** programs were adopted and approved by the Archdiocese of Los Angeles.

St. Lorenzo Ruiz Catholic Community will present one of the sexual abuse prevention programs to our students as a part of our ongoing effort to help create and maintain a safe environment for children and to protect all children from sexual abuse.

This program is mandated for ALL ENROLLED CHILDREN –EVERY YEAR.

We encourage all parents to read ***Protecting God's Children-Teaching Touching Safety, A Guide for Parents, Guardians, and Other Caring Adults***, which is available in both the Parish and Faith Formation Offices. This document will also be distributed during our scheduled Parent Orientation and Informative Meetings. During this meeting you will have the opportunity to review the programs and materials and ask any questions you may have. As a parent, you have the right to choose whether your student participates. Please complete the form below for your child to participate in the 2025-2026 program.

I give my permission for my child to participate in the Protecting God's Children "Touching Safety Program" Or "The Professor" Program. I am specifically requesting the St. Lorenzo Ruiz Catholic Parish Community Faith Formation Program to present one of the above described safety programs to my child whose name is:

Print Child's Name Here _____

Parent/Guardian Signature _____ Date _____

Please Print Your Name _____.

***If you have any questions about the program, please contact Religious Education Director Gaby Coria at (909) 757-1520 or via email at gabycoria@saintlorenzo.org**

PARENT'S AUTHORIZATION TO USE CHILD'S IMAGE, NAME, VOICE AND/OR WORK FOR NON-COMMERCIAL PURPOSES

This section to be completed by Archdiocese/School/Parish

Archdiocese/School/Parish: _____

Class/Activity: _____

The Archdiocese/School/Parish intends to use your child's image, name, voice and/or work for the following non-commercial purposes (describe class/activity, date(s) if applicable):

The following person(s)/entity not connected to the Archdiocese/School/Parish will be involved in the class/activity:

This section to be completed by Parent/Legal Guardian:

I, _____, am the parent or legal guardian of _____
(child's name), a minor (age: _____). I hereby authorize the Archdiocese/School/Parish to use the following personal information about my child:

Please initial the applicable sections

Image/visual likeness: _____ YES _____ NO Voice: _____ YES _____ NO

Name: _____ YES _____ NO Work: _____ YES _____ NO

I understand and agree that my child's image, name, voice and/or work (the "Personal Information") will be used for the reasons identified above. I further understand and agree that the Archdiocese/School/Parish may use the Personal Information for other non-commercial purposes, including, but not limited to, publicity, exhibits, electronic media broadcast or research. I understand and agree that the Personal Information, photographs or electronic recordings of my child may be copied, edited and distributed by the Archdiocese/School/Parish in publications, catalogues, brochures, books, magazines, exhibits, films, videotapes, CDs, DVDs, email messages, websites, or any other form now known or later developed (the "Materials").

The Archdiocese/ School/ Parish 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 Archdiocese/School/Parish 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. While the Archdiocese/School/Parish will take care to maintain the intents and purposes of the photographs or electronic recordings, editing may be necessary to obtain the best results. I release and discharge the Archdiocese/ School/Parish and its employees and agents from any liability that may arise out of the making or editing of the photographs or electronic recordings, including but not limited to, distortion, blurring, alteration, optical or auditory illusion or use in composite form.

I next change for the Archdiocese/School/Parish's giving my child an opportunity to participate in the class/activity, I hereby agree that neither I, nor my child, will receive monetary compensation, royalties or credit for use of the photographs or electronic recordings by the Archdiocese/School/Parish. I understand and agree that the Archdiocese/School/Parish shall be the owner of all right, title and interest, including copy right, in the photographs, electronic recordings and Materials. If the Archdiocese/School/ Parish 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 Archdiocese/School/Parish and its 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 in jury 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 Archdiocese/ School/Parish. However, my new authorization will not have the effect of revoking this Authorization, and the Archdiocese/ School/Parish 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 right and waiver set 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: _____

Telephone: _____

Address: _____

Relationship to Child: _____