



St. Gregory the Great Catholic Church

13935 Telegraph Road. Whittier, CA 90604-2536 • (562) 941-0115 • sggcatholic.org

RELIGIOUS EDUCATION REGISTRATION FORM

YEARLY REGISTRATION FEES & GENERAL INFORMATION

1st—6th grade FIRST COMMUNION ONLY

- \$125 per child
- 2-year program
- Classes in Year 1 are on scheduled Mondays, 3 times a month
- Classes in Year 2 are on scheduled Tuesdays, 3 times a month
- During both years, families are required to attend monthly family mass on Saturdays
- Family Catechesis –parent/guardian presence required
- Sunday Mass attendance required

If your child needs baptism or is in 7th—8th grade he/she will fall under a separate program. After you complete the registration form the coordinator will contact you with details of the program.

9th—12th grade CONFIRMATION ONLY

- \$250 per child
- 2-year program
- Classes are on scheduled Sundays once a month 3pm—5pm.
- Candidates are required to attend the 5pm Youth mass on class dates.
- Regular Sunday mass attendance required.
- Candidates are required to attend at least 10 Youth Nights.
- Candidates must complete 20 hours of Service at St. Gregory per year.
- Candidates must attend the Year 1 and Year 2 retreat.
- Candidates must choose a Saint name and complete report in Year 1
- Candidates must choose Sponsor in Year 1.

If your 9th-12th grader needs baptism and/or First Communion he/she will fall under a separate program. After you complete the registration form the coordinator will contact you with details of the program.

Full payment is due at time of registration. We accept cash, check and credit card (\$5 processing fee).

Please bring copies of Baptism and First Communion certificates and Birth certificate to register. Certificates are required even if sacraments were administered at St. Gregory.

ONLY COMPLETE REGISTRATION FORMS WITH CERTIFICATES WILL BE ACCEPTED IN PERSON TO THE PARISH OFFICE.

FEES ARE NON-REFUNDABLE

I have received, read, understand and agree with the requirements and policies for the Religious Education programs of St. Gregory the Great Catholic Church.

Parent/ Guardian Name: _____

Signature: _____ Date: _____

Religious Education Director
Sanic Javier
(562) 941-0115 EXT 775
sanic@sggcatholic.org

High School Confirmation Coordinator
Erika Alcaraz
(562) 941-0115 EXT 777
erika@sggcatholic.org



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RELIGIOUS EDUCATION REGISTRATION FORM

OFFICE USE ONLY:

Formation Year 20____-20____

Paid \$ _____ Receipt # _____

☐ Cash ☐ Credit ☐ Check # _____ Date _____

SACRAMENTS RECEIVED:

☐ Baptism ☐ None

☐ First Communion

☐ YEAR 1 ☐ YEAR 2

Siblings/Family in programs:

STUDENT INFORMATION: (print name as it appears on Birth Certificate)

Full Name _____ DOB ____/____/____

City/State of Birth _____ Gender: ☐ M ☐ F Grade _____
ENTERING IN FALL

High School Students only:

School _____ Student's Email _____

Home Parish: _____

Student's Primary Address:

Street _____

City/Zip _____

Family Email Address:

All contact will be to this email

Student Lives With: ☐ Father & Mother ☐ Mother Full-time ☐ Father Full-time

☐ Travels between Father's and Mother's homes ☐ Other, please explain _____

Father's Information:

Last Name _____

First Name _____

Cell # _____

Preferred Language: ☐ English ☐ Spanish

Mother's Information:

Last Name _____

First Name _____

Cell # _____

Preferred Language: ☐ English ☐ Spanish

Marital Status: ☐ Married Civilly ☐ Married in Catholic Church ☐ Common Law

☐ Not Married/Single ☐ Divorced ☐ Widow ☐ Divorced and Re-Married

Stepfather/Stepmother/Guardian's Information (if applicable)

Full Name _____ Cell # _____



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RELIGIOUS EDUCATION REGISTRATION FORM

STUDENT AND YOUTH ACTIVITY PERMISSION FORM

School/Parish/Other Archdiocesan Sponsoring Entity ("Location"): St. Gregory the Great Church
Place and Date of Event: 13935 TELEGRAPH RD, WHITTIER, CA 90604 / AUGUST 2025—JULY 2026
Activity: Religious Education Purpose: Sacrament Preparation Description of Activity: Classes
Teacher/Adult Leader: Sanic Javier / Erika Alcaraz/ Tim Banuelos Attire: Modest

To be filled in by Location

Minor's Name: _____

Date of Birth: _____ ☐ Male ☐ Female Grade _____

I request that my child be permitted to participate in the above activity. I am not aware of any physical or medical condition my child has that would prevent my child from participating fully in this activity.

My son/daughter has the following medical needs, allergies or dietary restrictions _____

If my child needs to take medication while participating in this activity, I hereby give my child permission to self-administer his/her medication in accordance with the *Medication Authorization and Permission Form*, and, if my child cannot self-administer, I give permission to the responsible staff members or chaperones to administer or to assist in the administration of my child's medication. I also give permission to the responsible staff members, chaperones, medical practitioners and medical facilities to use their judgement in obtaining and providing medical treatment for my child should it become necessary to do so. I understand that health insurance benefits through the Location, if any, may have limited application, and that I am entirely responsible for the cost of all medical treatment provided to my child. I agree to reimburse the Location for the cost of any medical treatment and related expense incurred.

Release of Liability: As a condition of participating in this activity, I hereby hold harmless, release and discharge The Roman Catholic Archbishop of Los Angeles, a corporation sole, Archdiocese of Los Angeles Education & Welfare Corporation and the Location, their respective agents and employees and any parent/volunteer/chaperone, from any and all liability, loss or claims for personal injuries, wrongful death or property damage that I or my child may suffer as a result of participation in the activity described above.

Parent/Guardian Signature

Date

Health Insurance Company: _____ Policy No.: _____

To be filled by parent guardian





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RELIGIOUS EDUCATION REGISTRATION FORM

PARENT/GUARDIAN RELEASE FOR STUDENT OR MINOR (NONCOMMERCIAL)

Name of Location: St. Gregory the Great Catholic Church

The Location intends to use your child's image, name, and/or work for noncommercial purposes relating to the events or activities identified below.

Description of events/activities to which this Release applies: Religious Education classes for OCIC, First Holy Communion and / or Confirmation, Youth Ministry. **Duration of Release:** August 2025—July 2026

This section to be completed by Parent/Guardian:

I, _____ am the parent/guardian of _____, a minor. I hereby authorize the Location to use the following personal information about my child:

IMAGE: ☐ YES ☐ NO **VOICE:** ☐ YES ☐ NO **NAME:** ☐ YES ☐ NO **WORK:** ☐ YES ☐ NO

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 the Location in publications, catalogues, brochures, books, yearbooks, magazines, exhibits, films, videotapes, CDs, DVDs, email messages, websites, or any other form now known or later developed ("Materials"). The Location 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 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 approve any Materials that may be created using the 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 right, title and interest, including copyright, in the photographs, electronic recordings and Materials. If the Location 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 Location and its affiliated entities, 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 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 have 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.

Signature: _____ Date: _____

Print Name: _____ Relationship to Child: _____





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RELIGIOUS EDUCATION REGISTRATION FORM

IN CASE OF EMERGENCY

I hereby give permission and consent to have my child released, in my absence, to any of the adults listed below, I hereby hold harmless, release and discharge The Roman Catholic Archbishop of Los Angeles, a corporation sole, Archdiocese of Los Angeles Education & Welfare Corporation and the Location, St. Gregory the Great Church, their respective agents and employees and any parent/volunteer, from any and all liability if released to these individuals: *Please Note: In the case of release due to Fire or Earthquake, individuals will be asked to provide identification before a child is released to their care.*

Parent/Guardian Signature _____ Date _____

1. Full Name: _____

Cell # _____

Relationship to Student _____

2. Full Name: _____

Cell # _____

Relationship to Student _____

MEDICATION AUTHORIZATION AND PERMISSION FORM

Location: St. Gregory the Great - 13935 Telegraph Rd Whittier, CA 90604

Part A to be completed by a licensed physician unless copy of prescription and original prescription bottle is provided containing the information requested in Part A.

I hereby request that my son/daughter be allowed to take the following medication(s) at the Location identified above and/or at a Location sponsored field trip, event or activity.

Last Name of Minor First Name Sex Birthdate

Name of Medication: _____

A. Physician's Instructions. (Complete where applicable)

Purpose of Medication or Diagnosis

Dosage Prescribed Date/Time Schedule Dose Form (tablet/liquid) Please notify this office if patient misses medication: ☐ Yes ☐ No

Medication may have adverse effects (explain) _____

Special instructions and/or comments: _____

Print Name of Licensed Physician Signature of Licensed Physician Date

Physician Address and Phone Number

B. Permission for Administration of Medication and/or Testing at Location and/or at Location sponsored Field Trip/Event/Activity: I request that my son/daughter identified above, be permitted to carry and use emergency medication (inhaler, epi-pen, insulin, etc.) and/or test for levels of blood sugar at the Location identified above and/or at a Location sponsored field trip/event/activity as prescribed by the physician above. I acknowledge and understand that no health care professional or other trained adult may be available at the Location or at the field trip/event/activity to assist, monitor or supervise my son/daughter's self-administration of medication or testing unless arrangements have been made in advance. In the event that my son/daughter is unable to self-administer or self-test, I agree that Location staff/chaperones may assist my son/daughter to the extent possible under the circumstances, but neither they nor the Location shall be liable for any adverse consequences or injury. I hereby give the Location staff/chaperones permission to call paramedics to render treatment to my son/daughter should that be necessary and to release medical information to first responders for that purpose. For all other medications, my son/daughter and I will comply with the Location's policies and procedures and will provide the Location with any medication my son/daughter requires in its original prescription bottle.



Parent/Guardian Name

Signature

Date



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RELIGIOUS EDUCATION REGISTRATION FORM

EMPOWERING GOD'S CHILDREN AND YOUNG PEOPLE© SAFETY PROGRAM

We at St. Gregory the Great are committed to the safety and well-being of your child and in helping to empower them with the knowledge and understanding of how to keep themselves and others safe from possible harm.

For this purpose, the Archdiocese of Los Angeles has created The *Empowering God's Children and Young People© Safety Program*. The program is designed to help children and young people to know they have the power to protect themselves from harmful or threatening situations and to always aim to keep themselves safe and healthy. The Archdiocese provides this program in an ongoing effort to help create and maintain a safe environment for the children and youth to be protected from all forms of abuse. The focus of the program is to empower children and youth with the knowledge and understanding needed to keep themselves safe. The lesson will take place the first day of class. This year's topic is: **Internet and Technology Safety.**

I give my consent for my child, _____, to participate in the Archdiocese of Los Angeles *Empowering God's Children and Young People© Safety Program*.

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