

St. Mary of the Assumption Catholic Church

RELIGIOUS EDUCATION REGISTRATION FORM 2023-2024

Student Information

Student's Name: _____ Gender: M / F
(Last) (First) (Nickname)
Address: _____ Date of Birth: ____ / ____ / ____
Mailing Address (if different): _____ Age and Grade ____ / ____
City: _____ Zip: _____ Phone: _____
Previous Religious Education: _____
(When/Where)
Does student need any special attention or accommodation for physical, behavior or medical reasons? Yes / No
(If yes, please explain) _____

Parent/Guardian Information

Father/Guardian Name: _____ Religion: _____
(First) (Middle) (Last)
Father's Work Phone #: _____ Cell Phone #: _____
Mother/Guardian's Name: _____ Religion: _____
(First) (Middle) (Last) (Maiden)
Mother's Work Phone #: _____ Cell Phone #: _____
Parents/Guardians are: Married__ Unmarried__ Separated__ Divorced__ Widowed__
If married, please indicate: Civil (only) __ Catholic Church __ (your answer is confidential)
Student lives with: Both Parents/Guardians__ Father (only)__ Mother (only)__ Other: _____
(Name)
Family Email Address: _____

Cellphone and email where we can send you notifications and up dates:

Cellphone : ____ (____) _____.
Email : _____

IMPORTANT INFORMATION—DO NOT LEAVE BLANK

EMERGENCY CONTACT INFORMATION (Alternate Adult/s to Contact)

Name: _____ Relation to Student: _____
Home Phone #: _____ Cell Phone #: _____ Other#: _____
Name: _____ Relation to Student: _____
Home Phone #: _____ Cell Phone #: _____ Other#: _____

DO NOT WRITE BELOW THIS LINE—FOR OFFICE USE ONLY

Name of your Catechist (if any): _____
Day: _____
Comments: _____

Program Placement:

FC: ____ Year: ____
RCIA Children / Youth: ____ Year: ____
Confirmation: ____ Year: ____

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Documents:

Baptism: ____ F.C. ____ Birth Cert. ____

Amount Paid : \$ ____ Check # ____ Cash ____ Card: ____

Outstanding Balance: ____ Date: ____ / ____ / ____

PARENT AUTHORIZATION AND MEDICAL RELEASE FORM

(PERSUANT TO CALIFORNIA CIVIL CODE SECTION 25.8)

The undersigned do hereby authorize, **St. Mary of the Assumption Religious Education Program**, as agents for the undersigned to consent to any x-ray examination, anesthetic, medical, dental or surgical diagnosis or treatment and hospital care for the above minor which is deemed advisable by and to be rendered under the general or special supervision of any physician or surgeon, licensed under the provision of the **MEDICINE PRACTICE ACT** or of any dentist licensed under the **DENTAL PRACTICE ACT**, at a hospital or elsewhere.

This authorization will remain effective while the above minor is in the care of **St. Mary of the Assumption Religious Education Program**, unless revoked in writing by the undersigned.

Allergies, including reactions to medication: _____

Activity restrictions: _____

PARENT / GUARDIAN (signature)

DATE

PERMISSION FORM

I hereby permit to participate in the activities sponsored by the Religious Education Program of St. Mary of the Assumption Catholic Church. These activities include but are not limited to: **retreats, youth days, fundraisers, service projects, and social activities.**

I hereby release and discharge St. Mary of the Assumption Church from any and all claims for personal injuries or property damage that my son/daughter may suffer as a result of participation at these activities. This authorization will remain effective while the above minor is in the care of **St. Mary of the Assumption Religious Education Program**, unless revoked in writing by the undersigned.

☐ YES

NO

☐

Initials _____

Date: 2023-2024 Year

RELEASE FOR MEMORIALIZING

I, hereby, authorize the taking of photographs, video, recordings, or other memorializing of any event sponsored by St. Mary of the Assumption Catholic Church Religious Education program and mine or my child's participation therein, and the publication or other use thereof. I, hereby, waive any right to compensation, therefore, or any right that I otherwise might have to limit or control such making or use.

This authorization will remain effective while the above minor is in the care of **St. Mary of the Assumption Religious Education Program**, unless revoked in writing by the undersigned.

☐ YES

NO

☐

Initials _____

Date: 2023-2024 Year

For Confirmation Candidates Students only:

I give my permission for my son/daughter to sign him/herself in and out of Religious Education class and activities. I understand that he/she will not be let out of the class, unless I request so in writing. I further understand that St. Mary of the Assumption Church and/or the catechists working on behalf of the church cannot be held responsible for my child after they have signed out. This authorization will remain effective while the above minor is in the care of **St. Mary of the Assumption Religious Education Program**, unless revoked in writing by the undersigned.

Sincerely,

☐ YES

NO

☐

Initials _____

Date: 2023-2024 Year



**Empowering God's Children and Young People© Safety Program
Year 1: Safe and Unsafe Safety Rules
2023 – 2024 Permission Slip**

To: Parents or Guardian of First Communion /Confirmation/ RCIA/ Youth Ministry

From: Office of Religious Education, St. Mary's of the Assumption Church

Subject: Empowering God's Children and Young People© Safety Program

Date: 07-01-2023

The staff of the Office of Religious Education at St. Mary of the Assumption Church and the Archdioceses of Los Angeles are committed to your child's safety and well-being. We present the Empowering God's Children and Young People© Safety Program to our students each year. Child sexual abuse continues to afflict our society. There is an ongoing need for children and young people to be empowered with the knowledge and tools to keep themselves and others safe from harm. This Archdiocesan Program includes a catechetical connection that highlights God's love and desire for the health and safety of all children and young people.

We will be presenting **"Year 1, Safe and Unsafe Touching Rules."** This lesson teaches the "Five Body Safety Rules and how to identify "Safe Adults and Unsafe Adults." This program has proved invaluable in empowering our children and young people to know they have a voice and the power to keep themselves safe!

The program will be presented to our students during November. Parents or guardians must give permission for their child(ren) to participate in this ***Safety Program*** by returning the completed *permission slip* below. If you would like additional information regarding the *Safety Program* or to review the materials , please contact Frida Ramírez at 805-925-2007.

**St. Mary's of the Assumption Church
Empowering God Children and Young People© Safety Program
Year 1: Safe and Unsafe Safety Rules
Parent/Guardian Permission Slip
2023– 2024**

My signature below confirms that my child, _____ has my permission to participate in the *Empowering God's Children and Young People© Safety Program* "Year 1: "Safe and Unsafe Touching Rules." I understand that I need to complete and return a Parent/Guardian Permission Form **for each child participating** by **October 27, 2023**.

Child's Name (printed): _____

Parent/Guardian Name (printed): _____

Parent/Guardian Signature: _____

Date: _____



ST. MARY'S CATHOLIC CHURCH

OFFICE OF RELIGIOUS EDUCATION

I _____ have received the parents handbook and acknowledge and accept the responsibilities and requirements that the First Communion /Confirmation / RCIA Program of this Church has placed before me.

Parent/Guardian signature: _____ Date: _____

Yo _____ he recibido el libro guía para padres de familia y soy consciente de aceptar las responsabilidades y requisitos de la Oficina del Programa de Primera Comunión/Confirmación/RICA de esta Parroquia.

Firma: _____ Fecha _____