

## Religious Education Program

### ELEMENTARY

#### Grades 1 through 5

The program for elementary school encourages children to better understand their faith as they grow. The curriculum prepares children for the Sacraments of Penance and Eucharist and helps them to mature in their faith.

### MIDDLE SCHOOL

#### Grades 6 through 8

The program for younger teens addresses real-life teen issues. Our curriculum focuses on building strong relationship with God and their faith community and sound religious principles.

### SPECIAL NEEDS

We are pleased to offer Religious Education classes as well as Sacramental Preparation for students with special needs.

### SPANISH CLASSES

Classes in Spanish are available for students in grades 1 through 4 only. The student must be able to read, write and speak in Spanish at their grade level.

### ATTENTION:

**IF REGISTRATION IS PAID IN FULL BEFORE THE PROGRAM BEGINS ON SEPTEMBER 27<sup>TH</sup> YOU WILL GET A \$25 DISCOUNT.**



### Wednesday Classes 6pm-7:30pm

Grades 1<sup>st</sup> thru 8<sup>th</sup>  
Spanish Grades 1<sup>st</sup> thru 4<sup>th</sup>

### First Holy Communion Two-year Program

Children	First Year	Second Year
(Siblings Only)		(Includes Sacrament Fee)
1	\$135	\$205
2	\$195	\$300
3	\$225	\$345
4	\$255	\$395
Returning Students \$50 (Already Received Sacrament)		Special Needs \$50 Communion & Confirmation
<b>ADDITIONAL FEE:</b> <i>We are requiring all families to purchase a raffle book for the fiesta in October for \$25 as part of registration.</i>		

**Requirements:** Baptismal Certificate and minimum payment of \$50 to begin the registration process.

### Additional Information:

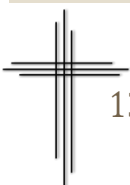
All families are encouraged to register as a member of St. Linus Parish. All children will attend Empowering God's Children Class (TBD)

**Director:** Sr. Rosario Mediavilla

**Cell:** (424) 208-4974

**Phone:** (562) 921-5179

**Email:** [mediavilla52@yahoo.com](mailto:mediavilla52@yahoo.com)



St. Linus Church  
13915 Shoemaker Ave.  
Norwalk, Ca 90650

**ST. LINUS RELIGIOUS ED. REGISTRATION FORM 2023/2024**  
**REGISTRACIÓN DE EDUCACIÓN RELIGIOSA PARA SAN LINO 2023/2024**

DATE / FECHA: \_\_\_\_\_

**STUDENT'S INFORMATION / INFORMACIÓN DE ESTUDIANTE**

_____ Child's Last Name <i>Apellido del Niño</i>	_____ Child's First Name <i>Primer nombre del Niño</i>	_____/_____ Date of Birth <i>Fecha de Nacimiento</i>	_____ Age <i>Edad</i>	_____ Grade <i>Grado</i>
Class Language: <input type="checkbox"/> English <input type="checkbox"/> Spanish <i>Idioma de Clase Inglés Español</i>		Office Use Only: <input type="checkbox"/> Baptism Certificate Program: _____		

**IF MORE THAN ONE CHILD IS ENROLLED, PLEASE LIST BELOW THE OTHER CHILDREN**

_____ Child's Last Name <i>Apellido del Niño</i>	_____ Child's First Name <i>Primer nombre del Niño</i>	_____/_____ Date of Birth <i>Fecha de Nacimiento</i>	_____ Age <i>Edad</i>	_____ Grade <i>Grado</i>
Class Language: <input type="checkbox"/> English <input type="checkbox"/> Spanish <i>Idioma de Clase Inglés Español</i>		Office Use Only: <input type="checkbox"/> Baptism Certificate Program: _____		

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Class Language: <input type="checkbox"/> English <input type="checkbox"/> Spanish <i>Idioma de Clase Inglés Español</i>		Office Use Only: <input type="checkbox"/> Baptism Certificate Program: _____		

**MEDICAL CONDITIONS/MEDICATIONS/ALLERGIES (LIST ALL THAT APPLY):** \_\_\_\_\_

*Condición Médica / Medicinas/ Alergias (Liste todo que aplica)*

**PARENT INFORMATION / INFORMACIÓN DE PADRES**

Address: _____ <i>Domicilio</i>	City: _____ <i>Ciudad</i>	Zip Code: _____ <i>Código Postal</i>
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Home Number: (_____) _____ <i>Teléfono de Casa</i>	Email: _____ <i>Correo Electrónico</i>
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Father's Name: _____ <i>Nombre de Padre</i>	Father's Cell: (_____) _____ <i>Tel. Celular de Padre</i>
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Mother's Name: _____ <i>Nombre de Madre</i>	Mother's Cell: (_____) _____ <i>Tel. Celular de Madre</i>
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Marital Status: Married _____ Single _____ Divorced _____ Never been married _____ <i>Estado Civil Casado Soltero Divorciado Nunca se ha casado</i>	If married, were you married by the Catholic Church? Yes _____ No _____ <i>¿Si está casado, está casado por la Iglesia Católica? Si No</i>
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**IN CASE OF EMERGENCY / EN CASO DE EMERGENCIA**

NAME / NOMBRE	PHONE / TELEFONO	RELATIONSHIP TO CHILD / PARENTESCO

I hereby give permission and consent to have my child(ren) released, in my absence, to any of the adults listed above (subject to proper identification), and I hereby release St. Linus School/Parish from any and all liability arising therefrom. I have notified these adults of this consent and permission.

*Yo doy mi permiso y consentimiento, para que en mi ausencia mis niños sean entregados a los adultos enlistados (mostrando sus identificaciones), y libero a la escuela/ Iglesia de San Lino de cualquier y toda responsabilidad que se origine en ese tiempo. He notificado a estos adultos de este consentimiento y permiso.*

**PARENT SIGNATURE:** \_\_\_\_\_  
*Firma del Padre*

**Date:** \_\_\_\_\_  
Fecha

**TUITION RECORD** *(This section is to be completed by office only)*

Child(ren): \_\_\_\_\_ Total due \$: \_\_\_\_\_ Notes: \_\_\_\_\_

[illegible]

# Empowering God's Children & Young People© Safety Program

*Empoderando a los Niños y Jóvenes de Dios© Programa de Seguridad*

## Permission Slip

*Hoja de Permiso*

**2023-2024**

*June 15, 2023 / 15 de junio de 2024*

We are committed to your child's safety and well-being. Child abuse whether physical, sexual, or emotional continues to afflict our society. Children and young people can be empowered with the knowledge and understanding of how to keep themselves and others safe from possible harm.

***Nosotros estamos comprometidos a la seguridad y el bienestar de su hijo/a. El abuso infantil, ya sea físico, sexual o emocional continúa dañando a nuestra sociedad. A los niños y jóvenes se les puede dar el Poder de cómo mantenerse a salvo y que no los dañen a ellos mismos y a los demás con el conocimiento y entendimiento.***

The Empowering God's Children and Young People© Safety Program of the Archdiocese of Los Angeles is dedicated to providing continued education to children and young people through classroom lessons and activities on ways to maintain their own personal safety. This program also highlights God's love and desire for the health and safety of all His children.

***"Empoderando a los Niños y Jóvenes de Dios©" Programa de Seguridad de la Arquidiócesis de Los Ángeles dedicado a proporcionar educación continua a niños y jóvenes a través de lecciones en el salón de clase y actividades sobre formas para mantener su propia seguridad personal. Este programa también destaca el amor y el deseo de Dios por la salud y la seguridad de todos Sus hijos.***

**Lesson 1: Physical Boundaries:** will be presented to our students during the month of **November: Safe and Unsafe Touching Rules** - Students learn simple rules about what to do and how to react when someone's touch is confusing, scary, or makes the child or young person feel uncomfortable. Young people start to deal with the real risks they face when they are out in the world and on their own, and they begin to learn where to draw boundary lines in relationships.

**Lección 1: Límites Físicos.** Los niños y jóvenes deben aprender a usar instrumentos para protegerse de las personas que pueden causarles daño por medio de contacto físico (sexual o de otra clase) con el fin de prevenir/reducir el riesgo de abuso sexual y las violaciones de los límites.

Any parent or guardian who would like additional information regarding this program or who would like to review the materials may contact **Sr. Rosario Mediavilla @ (424) 208-4974**

***Si a un padre o tutor le gustaría información adicional sobre el programa o le gustaría revisar los materiales, favor de contactar a Sr. Rosario Mediavilla @ (424) 208-4974***



**St. Linus Catholic Church**  
**Empowering God's Children & Young People© Safety Program**  
**Year 1: Physical Boundaries**  
**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: Physical Boundaries". I understand that I need to complete and return a Parent/Guardian Permission Form for each child participating by November 8, 2023.

***Mi firma abajo confirma que \_\_\_\_\_, tiene mi permiso para participar en el Empoderando a los Niños y Jóvenes de Dios©" Programa de Seguridad "Año 1: " Límites Físicos". Entiendo que necesito completar y regresar un Formulario de Permiso para Padres/Guardian para cada niño que participe antes de 1 de octubre 2022.***

Child's Name (printed)/ *Nombre de mi Niño(a) (imprime):* \_\_\_\_\_

Parent's Name (printed)/ *Nombre del Padre (imprime):* \_\_\_\_\_

Parent's Signature/ *Firma del Padre:* \_\_\_\_\_ Date/ *Fecha:* \_\_\_\_\_

## STUDENT AND YOUTH ACTIVITY PERMISSION FORM

School/Parish/Other Archdiocesan Sponsoring Entity ("Location"): \_\_\_\_\_

Place and Date of Event/Trip: \_\_\_\_\_

Activity: Field Trip \_\_\_\_ Retreat \_\_\_\_ Other (specify) \_\_\_\_\_ Purpose: \_\_\_\_\_

Description of Activity: \_\_\_\_\_ See Attached: \_\_\_\_\_

Mode of Transportation: \_\_\_\_\_ Total Field Trip Cost \$ \_\_\_\_\_

Teacher/Adult Leader: \_\_\_\_\_ Attire: \_\_\_\_\_

Minor's Name: \_\_\_\_\_

Address: \_\_\_\_\_

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 \_\_\_\_\_ Date \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Person to Notify in case of Emergency if Parent or Guardian is unavailable:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Health Insurance Company: \_\_\_\_\_ Policy No.: \_\_\_\_\_

To be filled in by Location

To be filled in by parent/guardian



**PARENT/GUARDIAN RELEASE FOR STUDENT OR MINOR  
(NONCOMMERCIAL)**

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***This section to be completed by the Archdiocesan entity (school/parish/ACC) sponsoring the activity ("Location"):***

**Name of Location:** **ST. LINUS CATHOLIC CHURCH**

The Location intends to use your child's image, name, voice and/or work for noncommercial purposes relating to the event(s) or activity(ies) identified below.

**Description of events/activities to which this Release applies:**

**RELIGIOUS EDUCATION/ FIRST HOLY COMMUNION / LIVE STREAM**

**Duration of Release:** **SEPTEMBER 2022 - JUNE 2023**

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***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:  
(Please initial the applicable boxes)

**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.

