St. Basil Catholic Church Religious Education Program

2025-2026 School Year RETURNING STUDENT ENROLLMENT FORM

St Basil Religious Education Office: 1230 Nebraska St., Vallejo, CA 94590
(707) 644-8309 or Email: Stbasilvallejore@gmail.com

Continual RE Classes are a requirement along with complete 2 years of sacrament preparation classes in RE program before receiving sacraments of First Reconciliation, First Eucharist or Confirmation.

Parish Envelope Number:_____ *AS LISTED IN PARISH RECORDS*

Last Name of Child(ren) _____ **Responsible Parent:** _____
Family Home Phone# _____ **Family Cell Phone#** _____
Address:_____ City:_____ Zip:_____

Family Email:_____ Student Email: _____
Child(ren) live with : Both Parents_____, Mother_____, Father_____, Other_____, please specify:_____

Father's Name:_____Religion:_____Hm Phone#_____
Father Occupation:_____ Father Cell Phone#_____Email:_____
Address :_____ City:_____ Zip:_____
SHEILD THE VUNERABLE Trained? Yes or No Fingerprinted with the Diocese of Sacramento? Yes or No

Mother's Name:_____Religion:_____Hm Phone#_____
Mother Occupation:_____ Mother Cell Phone#:_____ Email:_____
Address :_____ City:_____ Zip:_____
SHEILD THE VUNERABLE Trained? Yes or No Fingerprinted with the Diocese of Sacramento? Yes or No

Emergency Contact Name:_____Phone#_____Cell#_____
Relationship to child(ren)_____ Doctor_____ Phone#_____

Student Name Last First Middle	**Sex** M/F	**Birth Date** Include M/D/Yr	**Baptism** Y/N Date if Completed	**Reconciliation** Y/N Date if Completed	**First Eucharist** Y/N Date if Completed	**Confirmation** Y/N Date if Completed	Grade in Sept 2025	**RE Class Assigned to**
1)								
2)								
3)								
4)								

Special Needs: Yes No If so, Name of Child and please specify special need: _____

TO BE FILLED OUT BY RELIGIOUS ED. STAFF

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Tuition - 2025-2026 School Year

☐ REGISTERED & CONTRIBUTING ST BASIL PARISHIONER
1ST CHILD-$90.00 EACH ADDITIONAL CHILD +$75.00
TOTAL TUITION $_____

☐ REGISTERED, NOT CONTRIBUTING
EACH CHILD - $150.00
TOTAL TUITION $_____

☐ NOT REGISTERED
EACH CHILD - $150.00
TOTAL TUITION $_____

Returned Checks must be replaced with Cash or Money Order with additional Return Check Fee of $32.00

Parent Signature_____ DATE:_____

PAST DUE TUITION AMOUNT: $_____
CURRENT TUITION AMOUNT: $_____
$25.00 LATE FEE **AFTER 8/25/25** $_____
TOTAL TUITION DUE: $_____
AMOUNT PAID: $_____
(1/3 non-refundable deposit due at registration)
BALANCE AMOUNT DUE: $_____
(Balance Due: August 25, 2026)

PARENT PLEASE CHECK √ BOX OF PAYMENT CHOICE:

☐ CASH or

☐ ONLINE ELECTRONIC PAYMENT (located at Stbasilvallejo.org)
TRANSACTION# _____

☐ CHECK # _____ RECEIPT # _____

Payment Received by: _____
(PRINT NAME)
Contributions Verified by: _____ (initials)

STUDENT INFORMATION - 1ST CHILD			
1) CHILD'S NAME:			Class Assignment:
Gender: ☐ M ☐F Ethnicity:		**Date of Birth** MM DD YY	
Public School Name:		**School Grade (**2025-2026**):**	
Please indicate the sacraments which your child has received within the Roman Catholic Church:			
Baptism	Date:	Parish: Name/Address/City/State/Zip	
First Reconciliation (Confession)	Date:	Parish: Name/Address/City/State/Zip	
First Eucharist (Communion)	Date:	Parish: Name/Address/City/State/Zip	
Confirmation	Date:	Parish: Name/Address/City/State/Zip	
Any Chronic Health Conditions:		All Current Medications:	
Environmental and Food Allergies:		Educational and Behavioral Traits: (e.g. gifted, dyslexic, ADD):	
Med Insurance Company:		**Medical Identification Number:**	
Medical Policy Number:		**Medical Group ID Number:**	

STUDENT INFORMATION - 2ND CHILD			
2) CHILD'S NAME:			Class Assignment:
Gender: ☐ M ☐F Ethnicity:		**Date of Birth** MM DD YY	
Public School Name:		**School Grade (**2025-2026**):**	
Please indicate the sacraments which your child has received within the Roman Catholic Church:			
Baptism	Date:	Parish: Name/Address/City/State/Zip	
First Reconciliation (Confession)	Date:	Parish: Name/Address/City/State/Zip	
First Eucharist (Communion)	Date:	Parish: Name/Address/City/State/Zip	
Confirmation	Date:	Parish: Name/Address/City/State/Zip	
Any Chronic Health Conditions:		All Current Medications:	
Environmental and Food Allergies:		Educational and Behavioral Traits: (e.g. gifted, dyslexic, ADD):	
Med Insurance Company:		**Medical Identification Number:**	
Medical Policy Number:		**Medical Group ID Number:**	

STUDENT INFORMATION – 3RD CHILD			
3) CHILD'S NAME:			Class Assignment:
Gender: ☐ M ☐F Ethnicity:		**Date of Birth** MM DD YY	
Public School Name:		**School Grade (**2025-2026**):**	
Please indicate the sacraments which your child has received within the Roman Catholic Church:			
Baptism	Date:	Parish: Name/Address/City/State/Zip	
First Reconciliation (Confession)	Date:	Parish: Name/Address/City/State/Zip	
First Eucharist (Communion)	Date:	Parish: Name/Address/City/State/Zip	
Confirmation	Date:	Parish: Name/Address/City/State/Zip	
Any Chronic Health Conditions:		All Current Medications:	
Environmental and Food Allergies:		Educational and Behavioral Traits: (e.g. gifted, dyslexic, ADD):	
Med Insurance Company:		**Medical Identification Number:**	
Medical Policy Number:		**Medical Group ID Number:**	

STUDENT INFORMATION – 4TH CHILD			
4) CHILD'S NAME:			Class Assignment:
Gender: ☐ M ☐F Ethnicity:		**Date of Birth** MM DD YY	
Public School Name:		**School Grade (**2025-2026**):**	
Please indicate the sacraments which your child has received within the Roman Catholic Church:			
Baptism	Date:	Parish: Name/Address/City/State/Zip	
First Reconciliation (Confession)	Date:	Parish: Name/Address/City/State/Zip	
First Eucharist (Communion)	Date:	Parish: Name/Address/City/State/Zip	
Confirmation	Date:	Parish: Name/Address/City/State/Zip	
Any Chronic Health Conditions:		All Current Medications:	
Environmental and Food Allergies:		Educational and Behavioral Traits: (e.g. gifted, dyslexic, ADD):	
Med Insurance Company:		**Medical Identification Number:**	
Medical Policy Number:		**Medical Group ID Number:**	

EMERGENCY/DISASTER RESPONSIBILITY MEDICAL TREATMENT & INSURANCE INFORMATION		
PHYSICIAN to be called in an Emergency:		Phone#
Hospital of Choice:		Phone#
1st EMERGENCY CONTACT:	Relationship to child(ren):	Phone#
2nd EMERGENCY CONTACT:	Relationship to child(ren):	Phone#

TRANSPORTATION AUTHORIZATION		
I, the undersigned parent/authorized guardian, accept responsibility for transporting my child(ren) to and from Religious Education classes at St. Basil the Great Parish. In addition, as the parent/guardian, I authorize the following person(s) to bring my children to and/or from classes. In an emergency, if someone other than the persons listed is to transport my child(ren), I will notify the Office of Religious Education. I hereby release St. Basil the Great Parish, the Diocese of Sacramento, church staff, and church volunteers from any and all liability and/or responsibility for the transportation of my child to and from Religious Education classes. (We reserve the right to check identifications.)		
NAME: FIRST & LAST	RELATIONSHIP	PHONE NUMBER
1)		
2)		
3)		

PARENT AGREEMENT

I/we, the undersigned parent or guardian of the child/children named on this form give permission for my/our child's/children's participation in the activity referred to on this form, and in addition to the Health/Medical Information Consent provisions that we have agreed to above:

EMERGENCY MEDICAL TREATMENT RELEASE

- I hereby authorize any reasonable and necessary medical treatment, administration of anesthesia, and surgical treatment(s) for my minor child in the event of my absence, or when the hospital or physicians are unable to contact me. This authorization extends to any hospital, physicians, and nursing personnel on staff where treatment is rendered. I release from liability and waive all claims (with the exception of liability and claims resulting from gross negligence or willful misconduct) against St. Basil the Great Catholic Church, church staff, church volunteers, Diocese of Sacramento, the hospital, physicians, and nursing personnel for performing reasonable and necessary medical procedures in accordance with the authority of this consent for medical treatment.
- Publish Pictures or Child Class artwork: I hereby grant permission to St. Basil the Great Catholic Church to publish pictures of me and/or my child(ren) and any artwork created during the course of the Religious Education program] on the church's website or in the church's publicity information, newsletters, or bulletins. **NO NAMES WILL BE PUBLISHED ON THE WEBSITE**. I understand that if I give notice to the webmaster that I object to any particular picture of me and/or my child/ren, it will be removed as soon as possible. I understand that neither I nor any child(ren) in question will be paid any royalty or other compensation for the publication of any pictures. I further state that I have the right to grant or refuse this permission as I am the child's parent or legal guardian.
- Direct Child to Cooperate: I/we agree to direct my/our child to cooperate and comply with all reasonable directions and instructions from parish/school/diocesan staff or adult volunteer leaders.
- Consent for Transportation (if applicable): I/we give permission for my/our child to be transported to and/or from the specified programs, events, and activities in vehicles driven by adult leaders selected by the parish/school/diocesan coordinator, in accordance with diocesan guidelines.
- Sacrament Classes (First Eucharist and Confirmation)
  I/we acknowledge that there will be additional fees for mandatory sacrament preparation for the formation of sacrament students. Mandated by the diocese of Sacramento, retreats and rallies are in instrumental to their sacramental formation. These fees are the responsibility to the parents. Parents will be notified as these events are scheduled.
- Acknowledgment of Risks: I/we understand that in the course of participating in this activity, my/our child may engage in activity that carries a risk of injury to the body, psyche, or property of themselves and others. Such injuries can be caused by other persons, may be accidental or self-inflicted, or may arise from faulty equipment or facilities, existing conditions of recreational facilities, vehicle accidents while in transport during an activity, or through the activity itself.

- Safe Distance Religious Education Formation:
  I give consent to Online Safe Distancing Formation training and Virtual Webinar (Example: Zoom) meetings with Catechists (Volunteer Religious Ed Teacher) with parent or assigned adult by parent to be present during class zoom. I/we are agreement with the St Basil the Great Catholic Church Religious Education Safe Distance Learning and Zoom Meeting Parent Information Consent Form and will be in partnership with my child's/children Catechist throughout my child's/children's formation.

- Acknowledge My Parental Role: I/we acknowledge my role and responsibility in raising my child/children in the Catholic Faith and commit myself to the catechetical program of St. Basil the Great Catholic Church. I will make sure that my child/children and I will regularly attend Mass at St. Basil Church (during pandemic Live stream liturgy is acceptable) and my child/children will participate in all scheduled catechetical sessions, this includes all classroom sessions, liturgical sessions, and required sessions for sacrament preparation, Safe Distance Learning Virtual Class/Meeting, webinar class meetings where I will also attend along with all parent classes when scheduled.

Accordingly, in consideration for being permitted to participate in the specified activities, to use the equipment provided, and to enter the premises and facilities of the Diocese of Sacramento, for any purpose including observation of and participation in activities, the undersigned parent or guardian, for him or herself and any successors in interest, and on behalf of the minor child, agrees as follows:

- To release, waive, discharge, and promise not to sue the Roman Catholic Bishop of Sacramento, a corporation sole, and its affiliated entities, employees, agents, and volunteers (the "Diocese"), St Basil the Great Parish, St Basil employees, and volunteers from all liability for any loss or damage, and any claim or demands therefore on account of injury to the body, injury to psyche, or injury to property of the minor child, or to undersigned parent or guardian, whether caused by negligence or other conduct by the Diocese while the minor child, parent, or guardian is participating in the specified activities or in, upon, or about the premises of the Diocese or any of its facilities or equipment.

- That he or she has read this Consent Form and agreement and voluntarily signs it, and that no oral representations, statements, or inducements apart from the contents of this Form have been made.

- I hereby submit this registration form, requesting that my child/children be admitted to the 2025-2026 St. Basil the Great Catholic Church Religious Education Program.

I/we have read this Agreement and understand and agree to everything set forth above.

_____	_____	_____
Print Parent or Guardian Name	Signature of Parent or Guardian	Date
_____	_____	_____
Print Parent or Guardian Name	Signature of Parent or Guardian	Date

St Basil the Great Catholic Church Religious Education Safe Distance Learning and Zoom Meeting Parent Consent Information Form

Email addresses are necessary for parent meetings, sacrament meeting, student virtual web class with our Catechists, retreats and additional faith formation activities that parents will be notified.

PARENT EMAIL ADDRESS: _____ PHONE#_____

STUDENT (Google Classroom/VIRTUAL WEB CLASS):

1)_____	_____	_____	
STUDENT NAME	CLASS	EMAIL	
2)_____	_____	_____	
STUDENT NAME	CLASS	EMAIL	
3)_____	_____	_____	
STUDENT NAME	CLASS	EMAIL	
4)_____	_____	_____	
STUDENT NAME	CLASS	EMAIL	

I, _____ give my consent for my Child/Children,
(Print Parent Name)

names listed above, permission to participate in St. Basil the Great Catholic Church Safe Distance Learning Virtual Class/Meetings for the school year of 2025-2026. I also verify that I will be present for all class virtual Webinar/Zoom Meetings. I further verify that my child/children will attend every meeting to best of our ability. I will email or text my child/children Catechists (Religious Teacher) should my child not be able to attend. Included in the text will be my name, child's full name, date, reason not attending and a call back number.

_____	_____	_____
Print Parent or Guardian Name	Signature of Parent or Guardian	Date