**Date Received: \_\_\_\_\_\_\_\_\_\_\_\_**

**CHILDREN’S FAITH FORMATION 1st – 5th Grade**

**2018-2019 Class Year**

***Please be sure to complete all forms, and to print clearly.***

***INCOMPLETE REGISTRATIONS WILL NOT BE TAKEN.***

**CLASS DAYS AND TIMES\***

**Monday Tuesday Wednesday**

**3:45-5:00pm 3:45-5:00pm 3:45-5:00pm**

**or or or**

**5:30-6:45pm 5:30-6:45pm 5:30-6:45pm**

***\*Classes will be filled based on first-come basis. We will try our best to accommodate your request***

**TO BETTER SERVE YOUR FAMILY, PLEASE PROVIDE US WITH TWO CLASS OPTIONS**

**OPTION #1: DAY\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_TIME\_\_\_\_\_\_\_\_\_\_\_**

**OPTION #2: DAY\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_TIME\_\_\_\_\_\_\_\_\_\_\_**

**Annual registration fee for one student: $125; $35 for each additional student**

**3rd year sacramental student fee: $150; $35 for each additional student**

**St. Peter & St. Paul Registration #**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Number found on Offertory Envelope)

**(If you are *not* registered in the Parish, you must do so prior to registering*.*)**

**Student’s Full Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Gender**: M / F

**Current Age**: \_\_\_\_\_\_\_\_\_\_\_ **Birthday**: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_\_\_ School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_G**rade in School**: \_\_\_\_\_\_  **(*2018 /2019 School Year)***

**How many years of Religious Education has he/she received at St. Peter & St. Paul? \_\_\_\_\_ (Kindergarten not included)**

**How many years at another parish? \_\_\_\_\_\_\_\_\_ Name/location of parish\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Has Student been baptized in the Catholic Church? YES (1st yr. students must provide copy of certificate)/ NO**

**Has student received First Holy Communion? YES (if completed at another parish please provide copy of certificate)/ NO**

**Does your family attend Mass weekly? YES/NO**

**Father’s Full Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Cell Phone # Father**: (\_\_\_\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Mother’s Full Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Cell Phone # Mother**: (\_\_\_\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Address**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **City**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **State**:\_\_\_\_\_\_\_\_ **ZIP**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Home Phone #**: (\_\_\_\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Which is the *best* number for contact?** **Mom/ Dad/Home**

**E-Mail Address**: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ @ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***(Please be sure to list an email address that you check regularly, and that is up-to-date.)***

**OFFICE USE ONLY**

Date Rec’d: \_\_\_\_\_\_\_\_ Amount Paid: $\_\_\_\_\_\_\_\_\_ Receipt#: \_\_\_\_\_\_\_\_\_\_Cash/Check#: \_\_\_\_\_\_\_ Balance $: \_\_\_\_\_\_

Date Rec’d: \_\_\_\_\_\_\_\_ Amount Paid: $\_\_\_\_\_\_\_\_\_ Receipt#: \_\_\_\_\_\_\_\_\_\_Cash/Check#: \_\_\_\_\_\_\_ Balance $: \_\_\_\_\_\_

Date Rec’d: \_\_\_\_\_\_\_\_ Amount Paid: $\_\_\_\_\_\_\_\_\_ Receipt#: \_\_\_\_\_\_\_\_\_\_Cash/Check#: \_\_\_\_\_\_\_ Balance $: \_\_\_\_\_\_

Informational Medical and Family History Form 2018 – 2019

**Medical**

**Family Name** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Critical Medication, blood type &**

**Student’s Full Name Date of Birth Food/Drug Allergies other pertinent medical information**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you authorize the office to transport your child to a doctor in case of emergency? (Initial one) Yes \_\_\_\_\_ No \_\_\_\_\_

Does your child have a **physical, emotional,** or **behavioral** condition that we should know of? Yes / No

(Examples of **physical** conditions include permanently impaired hearing, seeing, speaking, movement of any limbs, etc. **Emotional** conditions include clinically diagnosed depression, bi-polar disorder, general anxiety, or social anxiety, etc. **Behavioral** conditions include Attention Deficit Disorder (ADD) or Attention Deficit Hyperactivity Disorder (ADHD), Asperger’s Syndrome, Tourette Syndrome, etc.)

If yes, please provide important, but basic details regarding your child’s condition. If more than one condition exists, please list all that apply under the three categories listed above. If you will soon be or currently are in the process of discovering if a condition does exist for your child, please list any physical, emotional, or behavioral signs/symptoms exhibited.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your child receive special education services? Yes / No

If yes, please provide a copy of their I.E.P. Please also provide important but basic details regarding your child’s condition. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Family History(optional)**

Please answer these questions as honestly and completely as possible. The answers to these questions can help us to best serve your child and you. Often, a child’s questions about faith and Catholic teaching come from their experiences in the family. We can better answer their questions if we have prior knowledge about the family’s living situation. Please realize these answers will be kept confidential among the staff and will not be released in any way to any parties outside the office.

1. Please indicate your marital status:  Single  Married  Divorced
2. Please indicate the living situation for your child:

My child lives with parents

I share joint custody of my child

I have sole custody of my child

My child lives with other relatives

3. Is your child adopted?  Yes  No

**PARENT MEDICAL AND LIABILITY RELEASE STATEMENT**

**CODE OF CONDUCT and PHOTO RELEASE**

**DIOCESE OF SAN BERNARDINO 1201 E. Highland Ave, San Bernardino, CA 92404-4641 (909) 475-5167**

**CATHOLIC MUTUAL GROUP 2724 Waterman Ave Ste. J, San Bernardino, CA 92404-4641 (909) 886-6001**

**St. Peter & St. Paul Church 9135 Banyan Street, Alta Loma, CA 91737 (909) 987-9312**

**EVENT INFORMATION**

**MEDICAL LIABILITY**

**CONDUCT**

**PHOTO**

**PERMISSION**

**Event: Children’s Faith Formation 2018-2019**

**Location: John Paul II Center, St. Peter & St. Paul Church**, **9135 Banyan Street, Alta Loma, CA 91737**

**Phone: 909-980-9423**

(Please Print)

Students Name: *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* Date of Birth *\_\_\_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_*

Parent’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact Name: *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* Relationship to student*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* Phone #: *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

**I have informed my child that he/she has permission to be released to the above-named person**

Family Physician: \_\_\_\_\_\_\_\_\_\_\_*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* Phone #: *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

Insurance Company: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Policy No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Allergies/ Medical Problems/ Disabilities \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is the participant taking any over the counter or prescriptions drugs?

**Please list and print clearly** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *(Use another sheet if necessary)*

**Please list any Allergies to medication or foods** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I also understand that in the event medical intervention is necessary, every attempt will be made to contact immediately the persons listed on this form. If I cannot be reached in an emergency during the activity dates shown on this from, I give my permission to the physician or dentist selected by the activity leader to hospitalize, to secure medical treatment and/ order an injection, anesthesia, or surgery for my child as deemed necessary.

I understand all reasonable safety precautions will be taken at all times by the staff and its agents during the events and activities. I understand the possibility of unforeseen hazards and know there is the inherent possibility or risk. **I agree not to hold, St. Peter & St. Paul Church, its leaders, employees and volunteers liable for damages, losses, diseases, or injuries incurred by the subject of this form.**

I understand that by signing this form I/my child agree(s) to cooperate and participate fully, that I/my child will show respect for the property visited, respect for neighbor, that I/my child will show respect for the law and practice safety skills at all times. By failing to meet this code of conduct, I/my child am/are aware that appropriate action may be taken, and arrangements may be made for immediate removal from the event.

I hereby authorize the making of photographs, motion pictures, videotapes, recording, or other memorializing of said event and my child’s participation therein, and the publication and duplication or other use thereof. I hereby waive any rights to compensation or any right that I otherwise might have to limit if to control such making or use.

By checking this box, I do **NOT** authorize any photos, videotapes, or recordings of my child*.*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent/Guardian Signature Required**  **Date**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Print Parent/Guardian Name**