

Date Received: _____

Date Entered _____

CHILDREN'S FAITH FORMATION 1st – 5th Grade 2019-2020 Class Year

*Please be sure to complete all forms, and to print clearly.
INCOMPLETE REGISTRATIONS WILL NOT BE TAKEN.*

CLASS DAYS AND TIMES*		
Monday 3:45-5:00pm or 5:30-6:45pm	Tuesday 3:45-5:00pm or 5:30-6:45pm	Wednesday 3:45-5:00pm or 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: _____ Grade in School: _____
(2019/2020 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 \$: _____

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Informational Medical and Family History Form 2019 – 2020

Medical

Family Name _____

Student's Full Name	Date of Birth	Food/Drug Allergies	Critical Medication, blood type & 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 Widowed
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

CONTINUE ON BACK

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

Event: Children's Faith Formation 2019-2020
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 always be taken 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.**

MEDICAL LIABILITY

CONDUCT

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 always show respect for the law and practice safety skills . 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.

PHOTO

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.

PERMISSION

Parent/Guardian Signature Required **Date**

Print Parent/Guardian Name