

RCIA FOR CHILDREN FOR 2022-2023

St. Peter & St. Paul Registration #: _____ (found on offertory envelope)
You must be a registered parishioner

PLEASE PRINT ALL REQUESTED INFORMATION

CHILD'S FULL NAME _____ Male Female

Grade in school (2022-2023): _____ DATE OF BIRTH ____/____/____

CITY/STATE OF BIRTH _____

Please provide copy of Child's Birth Certificate

RCIA Level for 2022-2023(Circle one): 1st yr./ 2nd yr./3rd yr.

Health/Behavioral Condition: (physical, emotional, or behavioral) _____

Circle Relationship to child: Mother &/or Father/Stepmother or Stepfather/Guardian

Mother's Name: _____ Religion: _____

Mother's Maiden Name _____ Cell Phone#: _____

Email: _____

Father's Name _____ Religion: _____

Cell Phone#: _____ Email: _____

Stepmother's Name _____ Stepfather's Name _____

Relationship of Guardian if other than Parent: _____

Address: _____

City/Zip Code: _____

Monday 5:15pm-6:15pm	or	Wednesday 4:00pm-5:00pm
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PLEASE PROVIDE US WITH TWO CLASS OPTIONS

OPTION 1: DAY _____ TIME _____ OPTION 2: DAY _____ TIME _____

Annual Registration Fee: \$125 (for one child) \$35 for each additional child

Total \$ _____

-----OFFICE USE ONLY-----

Amount Paid: \$ _____ Receipt #: _____ Cash/Check #: _____ Balance: _____

Amount Paid: \$ _____ Receipt #: _____ Cash/Check #: _____ Balance: _____

Medical Information/Policies 2022-2023

Family Name _____

Student's Full Name
information

Date of Birth

Food/Drug Allergies

Critical Medication, blood type &
other pertinent medical

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 me and my spouse (married)
 - My child lives with me sometimes and my ex-spouse sometimes (divorced, joint custody)
 - My child lives with me only (single or divorced, sole custody).
 - My child lives with other relatives.
3. Is your child adopted? Yes/No Is your child aware that he/she is 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: RCIA for Children 2022-2023

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: _____ Phone # _____

Relationship to student _____

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 form, 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.**

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. I also hereby authorize for my child to participate in an online/virtual course for religious education.

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

CHILDREN'S RCIA RULES!

I agree to go over these rules with my child(ren):

1. I WILL RESPECT OTHERS.

- a. I will listen while others are speaking
- b. I will use positive words and a positive tone

2. I WILL STAY ON TASK.

- a. I will stay in my designated area.
- b. I will participate in group discussions and/or activities.
- c. I will stay focused on the material being covered during class.
- d. I will follow the directions of the CFF Coordinator, Catechist, & Room Aid.

3. I WILL KEEP MY HANDS, FEET AND MATERIALS TO MYSELF

- a. I will respect personal boundaries.
- b. I will be courteous to others.

4. PARENTS: I WILL HAVE MY CHILD IN CLASS ON TIME

- a. I understand RCIA starts at 5:15pm on Mondays and 4:00pm on Wednesdays.
- b. I understand if my child is going to be late or absent, I need to call (909-980-9423) or email (imcgaughey@stpeterstpaul.com) to inform the office.
- c. I understand after 3 unexcused absences a meeting will be requested with parents.
- d. I understand attending the 11am Mass the 4th Sunday of every month starting in September, is part of my child's RCIA curriculum.

Failure to follow these rules WILL RESULT IN:

1. Receiving a time-out during class time.
2. Being sent to the coordinator to discuss what is going on.
3. Being asked to call your parents to pick you up and meet with the coordinator.
4. In special circumstances in which the behavior is extremely detrimental to others or is illegal, you will be removed from the program.

Child's Full Name:

I have read and discussed the rules for RCIA with my child.

Parent/Guardian's Signature

Date