



Welcome to Faith Formation,

We are blessed and grateful that you have chosen St. Catherine of Alexandria to assist you and your family on their faith formation journey. Your commitment to form your child in the Catholic faith as the first catechist of your child is one of great responsibility and we are here to assist you along the way.

Utilizing the email address that you have provided on your registration form we will be entering you into our Flocknote database as this is the means that we use to send emails and text messages during the year. You are free to unsubscribe at any time however we highly recommend that you maintain your subscription (no fee for you and we do the work of registering you) so that you do not miss any vital information pertaining to the program.

In order for us to complete your registration please complete the attached forms submit them along with your registration form. One of each form is required per child.

To complete your registration you will need to submit the following: The following applies to all children and youth registering for formation:

- Complete and submit the Safety and Pick up/Drop off Policy form (one per child)
- Complete and submit the Medical and Liability Release form (one per child)
- Submit copy of Baptismal Certificate (with Parish Seal visible)

For those registering for the preparation of Confirmation

- Submit First Holy Eucharist Certificate (with Parish Seal visible)
- Submit completed Sponsor Form
- Submit Saint Name write up

If you have any questions please feel free to contact your formation coordinator

- Kat (Grades K-12 including Confirmation) at 951 693-2146 or khill@sbdiocese.org
- Diana (Grades K-8 Spanish) at 951 225-6203 or dkelly@sbdiocese.org

Again I want to welcome you to St. Catherine of Alexandria Faith Formation Program. If there is anything that I can do to assist you along the way please let me know.

In His Service,

Sharla Ortiz

Director of Catechetical Ministries

Office Phone: 951 676-2894 Email: sortiz@sbdiocese.org

SCA Faith Formation Safety and Pick up/Drop off Policy

Keeping your children safe while at faith formation sessions is our parish's top priority.

While there are several safety measures currently in place designed to safeguard students and to affect positive student learning in the classroom one of the most important is to have a competent, responsible adult (over the age of 18 years old) sign each child in and out of class. This is one positive way of not only protecting our children but also to keep a vigilant eye on the overall religious education program.

In our parish, your children come first. Thank you for entrusting them to our care.

In accordance with the directives of the Diocese of San Bernardino, the policy for signing children in and out of faith formation sessions is as follows and pertains to all children/youth in the elementary, middle school and high school programs:

- Parents are required to sign in children in upon arrival and out prior to leaving the each session.
- Children must be accompanied by an adult at all times. Parents must accompany their child to class, restrooms, etc. when they are not in the care of the faith formation catechists
- If you arrive late for your child's session; you will sign your child in with the appropriate staff or volunteer and your child will be taken to class by staff or volunteers.
- Only persons listed on the emergency card as approved person(s) will be permitted to pick up children from sessions
- Any participant not picked within 10 minutes of the end of session will be brought to the youth center with RE Staff.

HIGH SCHOOL ONLY:

- Drop off and pick up must be done on the back side of the campus
- If my child arranges own transportation (i.e., drives themselves to sessions) I permit my child to sign themselves in and out of sessions with the understanding that my child will park in the designated area and adhere to all set policies of the program. I ensure that my child understands their responsibility in this privilege and release the Diocese of San Bernardino, St. Catherine of Alexandria Catholic Church, its leaders, employees and volunteers from all liability
- Youth (not driving) signing him/her self in and out of formation. I permit my child to sign themselves in and out of sessions with the understanding that my child will enter and exit back the back side of the facility and adhere to all set policies set of the program. I ensure that my child understands their responsibility in this privilege and release the Diocese of San Bernardino, St. Catherine of Alexandria Catholic Church, its leaders, employees and volunteers from all liability.
- Non-adherence to parish policy will result in loss of said privileges which would then require the youth's parent to sign them in and out weekly.
- Email Address of youth for formation/ministry communications. **REQUIRED**

I have read and agree to the above listed policies and procedures.

Printed Name of Child/Youth _____ (One form is required per child/youth)

Signature of Child/Youth _____ Date _____

Printed Name of Parent or Legal Guardian _____

Signature of Parent of Legal Guardian _____ Date _____

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) 883-6001
Ministry with Youth Office 1201 E. Highland Ave, San Bernardino, Ca 92404 (909) 475-5167

EVENT

Event: Faith Formation Sessions/Events

Location: **St. Catherine of Alexandria Catholic Church**
41875 "C" Street, Temecula, CA 92592

Phone: (951) 676-4403

Date & Time of Activity: **July 1, 2021-June 30, 2022**
Cost: **Varies**

****Please check one:**

- Adult (18 and older)
 Youth (under 18)

Form MUST be completed in its entirety (Please Print) – One form is required per child/youth

MEDICAL LIABILITY

Participant's Name: _____ Date of Birth ____/____/____

Parent's Name: _____ Phone #: _____ Cell or Work #: _____

Emergency Contact Name: _____ Phone #: _____

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 be taken at all times by: St. Catherine of Alexandria 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, the Diocese of San Bernardino, St. Catherine of Alexandria Catholic Church, its leaders, employees and volunteers** liable for damages, losses, diseases, or injuries incurred by the subject of this form.

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 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.

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 for minors under 18

 Date

Signature of Participant Required

 Date



St. Catherine of Alexandria Emergency Contact FY 2021-2022

Name of Child _____

Date of Birth _____

Home Phone Number _____

Home Phone Number _____

(1) Parent/Guardian Full Name _____ Phone Number _____

(2) Parent/Guardian Full Name _____ Phone Number _____

Other Adults Authorized to Pick up My Child (Must be 18 years of age or older)

Full Name _____ Phone Number _____

Full Name _____ Phone Number _____

Full Name _____ Phone Number _____

Full Name _____ Phone Number _____

Authorization to pick up my child is hereby granted to the persons listed on this emergency contact form. All persons listed on this form **must** be prepared to show photo identification. Each child must be dropped off in class and signed in at the beginning of each session and must be signed out from class at the end of each session. (Other than during Faith Formation sessions, children must be accompanied by a parent/guardian at all times)

Allergies _____

Any medical conditions _____

Other special notes or information that we should know
