St. Catherine of Alexandria Catholic Church 2023-2024 Faith Formation Registration Form

PLEASE PRINT CLEARLY

Parish Registration #	(REQUIRED)	Status: New Returning
Parent (1)	Parent (2)	
Mother's Maiden Name		(Required)
Address:		
City	Zip Home Ph	none:
E-mail:		(Parent 1)
E-mail:		(Parent 2)
Parent (1) Cell Phone:	Parent (2	2) Cell Phone:
Emergency Contact Informati	on:	
Name (First and Last)	Relations	ship to child/children
Phoneabove list phone numbers)	(Emergency contact informa	tion will be used if we are unable to reach parents at
	ring for sacraments (Reconciliants) gistered and attending session	
Please acknowledge the fo	llowing:	
 dates at the time of Attendance at ongoinand retreats (all) is reflected. Files will be shredden 	this registration(Please in this registration(Please in the properties of the participant of the participant of the participant of the participant of the properties of the propert	sences), sacrament prep sessions (all) for sacraments(Please initial) formation(Please initial)
 Children in Sacrame sacrament sessions parent must attend e rehearsal must be a Confirmation 1 and absences), annual rand parish service e 	ental Preparation (Reconciliation, retreats, and rehearsals that the each of the prep events with their ttended in their entireity to receive youth are required to attend ongetreats, once a month youth mass each year. (Please inital)	e the sacrament(Please initial) going formation (no more than 4 s/ministry session and complete liturgical

Spanish children will meet with the Spanish Coordinator prior to the beginning of the formation

year to ensure their ability to be successful throughout their faith journey (Please initial)					
 All communications are sent through Flocknote with the parent/guardian of the participant only. 					
			that the Faith Forn		
	•	nber (Plea		nanon olan navo	ourrorn orrian
Active and Registe	•			for adults there is	no charge to
participate in our pa	rish Faith Format	ion program (partic	cipants need anticipa	ate instructional ma	aterials fee at
time of registration)			iation, or First Com	munion parishione	rs need anticipate
a retreat and instructive and Re			arad Darighianara ag	n antiginata a ragis	tration for of
\$110.00 (includes in	_			n anticipate a regis	tration fee of
		iai ioo) oo apioo wi			
	NON-	NON-			
REGISTERED	REGISTERED AND/OR ACTIVE	REGISTERED AND/OR ACTIVE	SACARMENT PREP RETREAT	CONFIRMATION	CONFIRMATION
AND ACTIVE	EARLY	REGULAR	(per participant)	YEAR 1 Retreat	YEAR 2 Retreat
(INSTRUCTIONAL MATERIALS FEE)	REGISTRATION FEES	REGISTRATION FEES	RECONCILIATION AND EUCHARIST	(per participant)	(per participant)
DISCOUNT!	DISCOUNT!	-			
Up through	Up through	On and after	Due at registration	Due at registration	Due at registration
and including May 31, 2023	and including May 31, 2023	June 1, 2023			
\$40 per participant	1 child - \$90.00	1 child - \$110	\$50.00	\$70.00	\$90.00

	2 children - \$170	2 children - \$200	\$50.00	\$70.00	\$90.00
On and after June 1, 2023	3 children - \$230	3 children - \$280	\$50.00	\$70.00	\$90.00
\$60 per participant	4 children - \$280	4 children - \$350	\$50.00	\$70.00	\$90.00
\$60 per participant	4 Ciliuleii - \$260	4 Children - \$550	φ50.00	\$70.00	\$90.00
\$35.00 nor	n-refundable fe	e per child will b	e charged for dis	senrollment on o	or before
			tember 1, 2023 w		
Retreat fees			es are non-refund		ansferable
	•		nsferable(•	
Participation in the					
Catherine of Alexandria Catholic Church (Temecula) community. At Baptism you, as parents or godparents, promised to bring your child up in the Catholic faith; that means teaching him/her how to pray, how to worship,					
and how to serve of					
Required document	ts to complete reg	istration:			
□ Registration	form				
•		ents depending on	program		
□ SCA Safety and Pick Up/Drop Off Policy					

responsilibity to provide the Faith Formation staff with the above listed documents to complete the registration process.

I acknowledge that as the parent/guardian of the child/children that I am registering for formation it is my

I acknowledge that the guidelines and information contained on registration documents are true and accurate.

Signature: _____

Participant Information:

Staff Notation:

OPTION 1 Grades K-8	OPTION 2	OPTION 3		
			OPTION 4	OPTION 5
Monday Evening (Spanish) 6:00 - 7:00 PM	Grades 9-12 Tuesday Evening 6:00-7:30PM + Ionthly Mass/YM Session 12:00-2:30PM	Grades K-8 Wednesday Evening 6:00-7:00 PM	Grades 2-8 Thursday Evening 6:00-7:00 PM	RCIA Sunday 10am Mass with Dismissal/formation (9:45-11:30AM)
Staff Notation:				Total=
*******	************	********	******	******
Participant (2)		Date of Birth _		Grade
OPTION 1	OPTION 2	OPTION 3	OPTION 4	OPTION 5
Grades K-8 Monday Evening (Spanish) 6:00 - 7:00 PM	Grades 9-12 Tuesday Evening 6:00-7:30PM + Ionthly Mass/YM Session 12:00-2:30PM	Grades K-8 Wednesday Evening 6:00-7:00 PM	Grades 2-8 Thursday Evening 6:00-7:00 PM	RCIA Sunday 10am Mass with Dismissal/formation (9:45-11:30AM)
Staff Notation: *******************************	********	*********		
OPTION 1	OPTION 2	OPTION 3	OPTION 4	OPTION 5
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Staff Notation:				
Participant (4)		Date of Birth _		Grade
OPTION 1	OPTION 2	OPTION 3	OPTION 4	OPTION 5
Grades K-8 Monday Evening (Spanish) 6:00 - 7:00 PM	Grades 9-12 Tuesday Evening 6:00-7:30PM + Ionthly Mass/YM Session 12:00-2:30PM	Grades K-8 Wednesday Evening 6:00-7:00 PM	Grades 2-8 Thursday Evening 6:00-7:00 PM	RCIA Sunday 10am Mass with Dismissal/formation (9:45-11:30AM)

Sacrament preparation is a <u>two consecutive year process</u>: Reconciliation/Eucharist- Youth are eligible to begin preparation in the second grade (sacrament will be receive in the third grade). Confirmation: Youth must be 16 years old by April 1st of the second year of preparation.

Total=

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:

- If youth arrange their 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 and I will 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 high school youth for formation/ministry communications. REOUIRED

	•
I have read and agree to the above listed policies and procedures.	
Printed Name of Child/Youth	(One form is required per 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: Any and All Faith Formation and You Community Service and Activities Or		eats, Events,			
LN	Location: St. Catherine of Alexandria Catholic Chur PLUS Offsite Event Locations		**Please check one: Adult (18 and older Youth (under 18)			
EVENT	Phone: (951) 676-4403					
	Date & Time of Activity: July 1, 2023-June 30, 2024 Cost: Varies					
	Form MUST be completed in its entirety (Please Print) - One form is required per participant					
	Participant's Name:	Date of Birth/	/			
LITY	Parent's Name:Phor	ne #:Cell or Work #:	<u> </u>			
	Emergency Contact Name:	Phone #:				
	Family Physician:	Phone #:				
	Insurance Company:Policy	No:				
AB	Allergies/ Medical Problems/ Disabilities					
MEDICAL LIABILITY	Is the participant taking any over the counter or prescriptions Please list and print clearly	s drugs? (Use another sheet if neces.	sary)			
	Please list any Allergies to medication or foods					
ME	I also understand that in the event medical intervention is necessar on this form. If I cannot be reached in an emergency during the adentist selected by the activity leader to hospitalize, to secure med as deemed necessary.	activity dates shown on this from, I give	my permission to the physician or			
CONDUCT	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. 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 staff, volunteers, 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 comparticipation therein, and the publication and duplication or other use thereof. I hereby waive any rights to compensation or any right otherwise might have to limit if to control such making or use.					
b	☐ By checking this box, I DO NOT authorize any photos, videotapes or recordings of my child.					
Z						
PERMISSION	Parent/ Guardian Signature Required for minors under	Date				
PE	Signature of Participant Required	Date				



St. Catherine of Alexandria Emergency Contact FY 2023-2024

Ivallie of	Ciliu
SAINT CATHERINE OF ALEXANDRIA	Date of Birth
1) Parent/Guardian Full Name	Phone Number
Home Phone Number	
(2) Parent/Guardian Full Name	Phone Number
Home Phone Number	
Other Adults Authorized to	Pick up My Child (Must be 18 years of age or older)
Full Name	Phone Number
-ull Name	Phone Number
-ull Name	Phone Number
Full Name	Phone Number
persons listed on this form must be prepa class and signed in at the beginning of o	by granted to the persons listed on this emergency contact form. All ared to show photo identification. Each child must be dropped off in each session and must be signed out from class at the end of each sessions, children must be accompanied by a parent/guardian at all times)
Allergies	
Any medical conditions	
Other special notes or information th	at we should know