



P.O. Box 7158, 15 Railroad Avenue, Spreckels, CA 93962

Phone: (831) 455-8720; Fax: (831) 455-9357

Email: Carrie Aragon, DRE (caragon@stjchurch.org) or Marjorie Callahan (mcallahan@stjchurch.org)

2016-2017 RELIGIOUS EDUCATION REGISTRATION FORM (page 1 of 5)

Family Information

Date Received _____
 Home Phone _____
 Family Last Name _____
 Home Address _____ City _____ Zip _____
 Mailing Address (if different) _____
 Family Email _____
 Candidate's Email (Confirmation I and II only) _____

Parent/Guardian Information

Mother's Name _____ Father's Name _____
 Maiden Name _____
 Mother's Cell Phone _____ Father's Cell Phone _____
 Mother's Work Phone _____ Father's Work Phone _____
 Mother's Religion _____ Father's Religion _____

1	Child's Full Legal Name:			Gender:
	Date of Birth:	School:	School Grade 2016-17:	RE Grade 2016-17:
	Baptized: Yes <input type="checkbox"/> No <input type="checkbox"/> Parish:			Date:
	First Reconciliation: Yes <input type="checkbox"/> No <input type="checkbox"/>			
	First Communion: Yes <input type="checkbox"/> No <input type="checkbox"/> Parish:			Date:
	RE Class: PreK/K <input type="checkbox"/>	Grades 1-5 <input type="checkbox"/>	Confirmation I <input type="checkbox"/>	Confirmation II <input type="checkbox"/>
	Faith Formation II <input type="checkbox"/>	RCI for Youth <input type="checkbox"/>	POP's Jr. <input type="checkbox"/>	POP's <input type="checkbox"/>
	Grades 1-5 Class Day Preference: Sunday <input type="checkbox"/>		Monday <input type="checkbox"/>	Wednesday <input type="checkbox"/>

2	Child's Full Legal Name:			Gender:
	Date of Birth:	School:	School Grade 2016-17:	RE Grade 2016-17:
	Baptized: Yes <input type="checkbox"/> No <input type="checkbox"/> Parish:			Date:
	First Reconciliation: Yes <input type="checkbox"/> No <input type="checkbox"/>			
	First Communion: Yes <input type="checkbox"/> No <input type="checkbox"/> Parish:			Date:
	RE Class: PreK/K <input type="checkbox"/>	Grades 1-5 <input type="checkbox"/>	Confirmation I <input type="checkbox"/>	Confirmation II <input type="checkbox"/>
	Faith Formation II <input type="checkbox"/>	RCI for Youth <input type="checkbox"/>	POP's Jr. <input type="checkbox"/>	POP's <input type="checkbox"/>
	Grades 1-5 Class Day Preference: Sunday <input type="checkbox"/>		Monday <input type="checkbox"/>	Wednesday <input type="checkbox"/>

3	Child's Full Legal Name:			Gender:
	Date of Birth:	School:	School Grade 2016-17:	RE Grade 2016-17:
	Baptized: Yes <input type="checkbox"/> No <input type="checkbox"/> Parish:			Date:
	First Reconciliation: Yes <input type="checkbox"/> No <input type="checkbox"/>			
	First Communion: Yes <input type="checkbox"/> No <input type="checkbox"/> Parish:			Date:
	RE Class: PreK/K <input type="checkbox"/>	Grades 1-5 <input type="checkbox"/>	Confirmation I <input type="checkbox"/>	Confirmation II <input type="checkbox"/>
	Faith Formation II <input type="checkbox"/>	RCI for Youth <input type="checkbox"/>	POP's Jr. <input type="checkbox"/>	POP's <input type="checkbox"/>
	Grades 1-5 Class Day Preference: Sunday <input type="checkbox"/>		Monday <input type="checkbox"/>	Wednesday <input type="checkbox"/>



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Family Last Name _____

Photo Release:

() I grant permission for St. Joseph's Church and/or the Diocese of Monterey to use any photos taken of myself or my children in any newspaper articles, videos, websites, brochures or other publications.

() I do not grant permission for my child/children to be photographed.

Parent Signature

Date

Volunteer:

Our Religious Education program is run with volunteers. Thank you for considering this ministry.

I would like to volunteer as a Catechist Aide Substitute

Name: _____

Class/Day: _____

Fees:

Preschool/Kindergarten: \$30

Confirmation I: \$55

Grades 1, 2, 4 and 5: \$30

Confirmation II: \$325*

Grade 3: \$80

POP's Place Jr. (Middle School Youth Group): No Charge

Faith Formation II: \$60

POP's Place (High School Youth Group): No Charge

Late Fees: \$20 (All registrations received after May 26, 2016)

*Please contact the office to pay Confirmation II fees in installments.

All fees are non-refundable.

FOR OFFICE USE ONLY

Registration Fees Due:

Date Paid:

Receipt #:

Registration forms and fees are due May 26, 2016. Thank you.

**DIOCESE OF MONTEREY PERMISSION WAIVER AND RELEASE & CONSENT FOR TREATMENT FORM (page 3 of 5)
FOR PARISH/SCHOOL ACTIVITY/EVENT**

To the Parent/Legal Guardian: This is an agreement releasing the sponsoring parish/school before, during and after the activity/event. This form is also authorization for the adult supervisor to consent to any medical care needed by the minor, if the situation should arise.

This agreement releases the DIOCESE OF MONTEREY PARISH AND SCHOOL OPERATING CORPORATION, also known as the DIOCESE OF MONTEREY which will be referred to as the DIOCESE OF MONTEREY throughout this document, from any claims that the parent/guardian may have against the DIOCESE OF MONTEREY.

Activity/Event: Religious Education and/or Youth Group (St Joseph's Church, Spreckels, CA)
Starting Date: August 2016 through July 2017
Mode of Transportation: Except Wednesday Spreckels Elementary school students (see Authorization for Pickup) – parents are responsible for transportation to/from class.

I, _____ (name of parent or legal guardian) parent or legal guardian of

_____ (names of children) hereby give my permission for my child to participate in the faith formation and/or youth group classes named above. I agree to direct my child to cooperate and conform with directions, instructions and rules established by the chaperones, parish, school or diocesan personnel responsible for the above mentioned youth activity.

In exchange for permitting my child to participate in the above named activity, to the extent permitted by law, I waive all claims for damages which I may have, or which may hereafter accrue to me or my child against the DIOCESE OF MONTEREY, for death, personal injuries, and losses or injuries to property, real or personal, caused by or arising out of the above named activity/event. It is further understood and agreed that this agreement, waiver and release is to be binding on my successors, heirs and assigns.

In addition, to the extent permitted by law, I release and discharge in advance the DIOCESE OF MONTEREY and its officers, agents, employees, from any and all liability relating to the above named activity.

I agree and understand that transportation may be provided in such form and at the discretion of the DIOCESE OF MONTEREY.

My child is/are physically fit and capable of participation in this event.

I authorize a representative of the DIOCESE OF MONTEREY into whose care the above named minor/s has been entrusted, to consent to and permit any and all necessary medical services for my child to be rendered to him/her under the general or special supervision and upon the advice of a physician and surgeon licensed under the provisions of the California Medical Practice Act, to consent to and permit any x-ray examination, anesthetic, dental or surgical diagnosis or treatment and hospital care rendered to my child by a dentist licensed under the provisions of the Dental Practice Act. I hereby give the representative of THE DIOCESE OF MONTEREY permission to use his/her judgment in obtaining medical services. I agree if medical services are required for my , THE DIOCESE OF MONTEREY will not be responsible for any medical expenses.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide authority and power on the part of the above-mentioned diocesan representative to give specific consent to any and all such diagnosis, treatment or hospital care that the above mentioned physician in the exercise of his/her best judgment may deem advisable.

I hereby authorize any hospital which has provided treatment to the above named minor/s pursuant to the provisions of Family Code section 6910 to surrender physical custody of such minor/s to the diocesan representative upon the completion of treatment. This authorization is given pursuant to Health and Safety Code section 1283.

This authorization shall be in effect during all time that my child is/are under the supervision of THE DIOCESE OF MONTEREY for the above mentioned event and shall remain effective until the minor/s returns from the event and is/are no longer under the supervision of the DIOCESE OF MONTEREY.

This waiver and release form is signed in order to participate in the above named event for my child's own personal enjoyment and benefit and is done freely with full knowledge of the risk and dangers that are or may be involved. I, the undersigned, have read this release and understand all of its terms. I execute this voluntarily and with full knowledge of its significance.

I have discussed the above with my child and he/she is aware of and understands the importance of following all rules set out by the supervisor(s).

Signature of Parent/Guardian: _____ Date: _____

DIOCESE OF MONTEREY PERMISSION WAIVER AND RELEASE & CONSENT FOR TREATMENT FORM (page 4 of 5)

Child's Health Information:

Child 1 Full Legal Name: _____

Allergies (foods, drugs, insects, etc). _____

Medications (name, dosage, reason) _____

Other information (injuries) or special health/physical conditions: _____

Child 2 Full Legal Name: _____

Allergies (foods, drugs, insects, etc). _____

Medications (name, dosage, reason) _____

Other information (injuries) or special health/physical conditions: _____

Child 3 Full Legal Name: _____

Allergies (foods, drugs, insects, etc). _____

Medications (name, dosage, reason) _____

Other information (injuries) or special health/physical conditions: _____

Children's Doctor: _____ **Phone Number:** _____

Children's Dentist: _____ **Phone Number:** _____

Insurance Information:

Insurance Carried (Dependent Coverage): _____

Name of Policy Holder: _____ Policy Number: _____

Additional Person(s) Authorized to Pick-Up Children (other than parent/legal guardian):

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Additional Person(s) to Notify in Case of an Emergency (if parent/legal guardian can not be reached):

Name: _____

Phone Number(s): _____ Relationship: _____

Name: _____

Phone Number(s): _____ Relationship: _____



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PLEASE NOTE: This page is only required for Wednesday students in grades 1-5.

2016-17 Authorization for Pick Up from Spreckels Elementary School

I understand that a representative from St. Joseph's Catholic Church, located at 15 Railroad Avenue, Spreckels, will meet the Religious Education students from Spreckels Elementary School on applicable Wednesdays (whenever Religious Education classes are in session), after school, at 1:15pm in order to escort the students, by foot, to the St. Joseph's Church campus in Spreckels, CA.

I understand that having my child accompanied to church property by the Religious Education representative is voluntary and expressly requested by me. I give my permission for my child/children to walk from the Spreckels Elementary School to the St. Joseph's Church campus with the Religious Education representatives for the purpose of attending religious education class at St. Joseph's Church, Spreckels. I agree to direct my child to cooperate and conform with the directions, instructions and rules established by the Parish Religious Education representatives.

I understand that students will be accompanied to the Church's campus promptly on applicable Wednesdays, after school, at 1:15pm. **The Parish is not responsible for any child who does not assemble, for whatever reason, on time with the group to be accompanied by the Parish's Religious Education representative.** I also understand that in the event that my child/children does/do not meet the Parish representative at the above mentioned time, that it is my responsibility to accompany my child to the St. Joseph's Church campus for religious education.

If you would like us to walk your child back to Spreckels Elementary School's YMCA Afterschool Program when their Religious Education class is complete, please answer 'YES' in 'Return to Y?' below (a separate permission form will be emailed to you prior to the start of class).

	<i>Child's Full Name</i>	<i>Grade</i>	<i>Return to Y?</i>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

Signature of Parent / Legal Guardian *Date*