

Orientation for Parents & Youth Mon. Sept. 11 at 7 pm

- All students must register every year. Returning students must re-register.
- All registration forms must be completed and payment made before a space will be reserved.
- Classes run on Monday nights from 7-8:30pm, in six-week courses.
- Parents must attend MANDATORY Adult Faith Formation classes, at least 10 each year.
- Check calendars and monthly newsletters for important dates and information.

REQUIREMENTS FOR CONFIRMATION

Two years of preparation, which includes:

1. Completion of five youthQuest courses:
 - a. Four courses of your choice
 - b. Covenant (*12-week course beginning in January of Year Two*)
2. Participation in Advent Retreat (*Year One*)
3. Participation in Weekend Retreat (*Year Two*)
4. Participation in 6 Gather events *youth ministry social events such as Video game night, pizza nights, etc.*
5. Completion of 4 Service Projects *different service projects; may be done at school, etc.*
6. Choice of a Confirmation sponsor *a practicing Catholic, not the candidate's parent*
7. Participation in Mass on the **2nd & 4th Sundays** of the month **each year**.
8. Participation in 3 Liturgical Rites: *the Rite of Welcome, the Rite of Inscription and the Rite*

St. Catherine Labouré Youth Ministry (310)515-6033

ALL information must be complete to hold a place for your student.

YOUTHQUEST REGISTRATION FORM *Please print.* Today's Date _____

Name of Youth _____ **Sex** _____ **Home Phone** _____

Address _____ **City** _____ **Zip** _____

Birth-date _____ **School** _____ **Grade in fall 2017** _____

Youth's Email: _____ **Youth's Cell phone:** _____

FAMILY INFORMATION

Father's Name _____ **Cell** _____ **Work Phone** _____

Or Stepfather/guardian

Mother's Name _____ **Cell** _____ **Work Phone** _____

Or Stepmother/guardian

Youth lives with Both parents Father Mother Stepfather Stepmother Foster parent/Guardian Grandparent other _____

Parents are: Married in Catholic Church Have a civil marriage Widowed Divorced Separated Remarried Unmarried

Are you registered in our parish? Yes No **Do you receive envelopes?** Yes No
If not registered, please fill out "Parish Registration Form"

Are other children or adults in the family enrolled in Religious Education? Yes No
Please list, and include what program they are in (Confirmation, RCIA or Elementary)

Name: _____ Grade/Adult: _____ Program: _____

Name: _____ Grade/Adult: _____ Program: _____

Name: _____ Grade/Adult: _____ Program: _____

Name: _____ Grade/Adult: _____ Program: _____

Name: _____ Grade/Adult: _____ Program: _____

Languages spoken by parents: _____ **Languages of youth:** _____

=====DO NOT WRITE BELOW THIS LINE=====

*In cases of hardship, let us know immediately, payment plans or scholarships may be arranged.
Returned checks will be subject to a \$15.00 fee.*

Tuition Fee \$80.00 (this includes a \$10.00 nonrefundable processing fee.)

Amount paid _____ Check or receipt # _____ Date _____ TTS form _____

Total Family Fee _____ **Amt. Pd.** _____ **Receipt** _____ **Date** _____

Program _____ **Amt.** _____ **Program** _____ **Amt.** _____

SACRAMENT INFORMATION

A copy of the Baptism certificate is required.

Baptism Yes No Date _____ Church _____

Reconciliation Yes No Year _____ Church _____
(Confession)

First Eucharist Yes No Year _____ Church _____
(Communion)

Confirmation Yes No Year _____ Church _____

Have you taken Adult Faith Formation Classes in the last 5 years? Yes No

REQUEST FOR PARENTS AS VOLUNTEERS

We need help to run the youthQuest program. Can parents or siblings sign up to help?

- Parish Fiesta Hospitality Office Helper Security Phone helper Sponsor
 Special Event Chaperone Special Event Driver

Chaperone for Confirmation Retreat at Lazy W Ranch March 23 - March 25, 2018

Volunteers for the following positions will be trained and tuition fee will be refunded if you serve as: Fiesta Booth Captain Catechist Letter Coordinator Security Coordinator

Photo Permission

During the two years we plan on taking pictures of the students in the Confirmation program, and especially at retreats. We put together a slideshow DVD which is made available to the second year students after their retreat, for a fee of \$5.00.

Please indicate below if we have your permission to photograph your child.

Yes, I will allow my child/children to be photographed during the year in the Confirmation Program.

No, I would prefer my child/children not to be photographed.

Name of youth: _____

Parents signature: _____ **Date:** _____

**St. Catherine Laboure Religious Education
Registration 2017-18**

FAMILY EMERGENCY INFORMATION

Please print clearly

Father's name _____ Cell () _____ Work () _____

Mother's name _____ Cell () _____ Work () _____

Home phone () _____ Student's cell phone, if applicable () _____

Name of Child	Medical Conditions	Allergies	Medications	Special needs
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

***PLEASE NAME 1 PERSON OTHER THAN PARENT FOR US TO CONTACT IN EMERGENCY:**

Name _____ Phone _____ Relationship _____

Emergency Release: In the event of an emergency or natural disaster, my child may be released to the following persons: [] Father [] Mother [] Other: _____

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

I have informed my child that they have permission to be released to the above persons.

Medical Release: In the event of an emergency or natural disaster, I authorize St. Catherine Laboure Religious Education team to obtain any emergency medical and/or dental care that is deemed necessary. In an emergency, I further authorize any member of the team trained in First Aid and/or CPR to administer emergency treatment if we cannot obtain professional medical assistance. I will not hold the volunteers, staff, parish or diocese liable for their assistance.

Family Doctor: _____ Phone: _____

Insurance Company: _____ Plan #: _____

Parent Signature: _____ **Date:** _____

=====DO NOT WRITE BELOW THIS LINE=====

The following children have been released to an approved adult:

Names of children _____ Date/Time _____

Released to _____ Signature _____

Released by _____ Signature _____

Names of children _____ Date/Time _____

Released to _____ Signature _____

Released by _____ Signature _____

**VIRTUS “Teaching Touching Safety” Children’s Program
Archdiocese of Los Angeles
Permission Form**

TO: Parents of Children and Youth in Religious Education programs

FROM: St. Catherine Labouré Religious Education

SUBJECT: Opportunity to allow your child to participate in the Touching Safety program

DATES: Children in the Saturday program: Saturdays Sept. 23, 2017 & Apr. 7, 2018
Teens in the Monday program: Mondays Dec. 11, 2017 & Jan. 15, 2018

St. Catherine Labouré Religious Education programs will present a sexual abuse prevention program, the Touching Safety program, to students on two different days, during their usual class time. The creators of the Protecting God’s Children™ program for adults developed the Touching Safety program. This program is provided to us by the Los Angeles Archdiocese, and is a part of our ongoing effort to help create and maintain a safe environment for children and to protect all children from sexual abuse.

As a parent, you have the right to choose whether your student participates. We encourage you to attend the Orientation meeting in September so you’ll be aware of the nature of this important program. If you have questions about the program, please contact the Religious Education Office at (310) 515-6033. If you DO want your child to participate, please complete this permission form and return it to the office with your registration forms.

For more information visit the VIRTUS Online™ website at www.virtus.org.

Permission form for use with the Touching Safety program:

I am allowing my child to participate in the Protecting God’s Children “Touching Safety Program” and am specifically requesting that St. Catherine Labouré Religious Education present the program to my child(ren).

Name of Child(ren): _____

Parent’s Name (printed): _____

Parent’s Signature: _____

Date: _____

If you want to teach this program to your child yourself,
please ask the office for an “Opt-Out” Form and the teaching materials.
If you do not sign an “Opt-Out” form, we will include your child in these classes.