

Mandatory Orientation: PARENTS ONLY September 8

9:00-10:30 in English or 11:00-12:30 in Spanish

First Day of Class: Saturday, September 15

Classes are held on Saturdays, September through May

9:00 a.m.—10:30 a.m. **in English**

11:00 a.m.—12:30 p.m. **in Spanish**

- Preparation for Baptism, Confession, and First Communion
- Continuing Formation K—8th grade
- **Parents must attend 20 classes during the 2 year sacrament preparation program—MANDATORY**

Fees must be paid in full before March 1st.

Basic fee: **\$90 per year** per child for all children This includes a non-refundable processing fee of \$10.

Family rate: Third family member half price (\$45), fourth member free

**St. Catherine Laboure Religious Education
Registration 2018-19**

Today's Date: _____ Telephone Number () _____

Child's Last Name _____ First Name _____ Sex _____

Address _____ City _____ Zip _____

Address mail to: Mr Mrs. Ms. Name: _____

Sacrament group

Birthdate of child (mm/dd/yr) _____

Child's School _____ Grade in school *September 2018* _____

Father's name _____ Father's Cell() _____ Wk Phone () _____
or Stepfather or guardian

Mother's name _____ Mother's Cell() _____ Wk Phone () _____
or Stepmother or guardian

Email address (please print clearly): _____

Child lives with: Both parents Mother Father Foster Parent/Guardian
 Stepfather Stepmother Grandparent Other _____

Status of parents: Catholic marriage Civil Marriage Widowed Divorced
 Separated Remarried Unmarried
 Living with domestic partner

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

Name: _____	Grade: _____	Program: _____
Name: _____	Grade: _____	Program: _____
Name: _____	Grade: _____	Program: _____
Name: _____	Grade: _____	Program: _____

FOR OFFICE USE ONLY			
English <input type="checkbox"/>	Spanish <input type="checkbox"/>	GRADE _____	Photo Perm Y N TTS? Y N
Total Family Fee: _____			
Pmnt: _____	Rct #: _____	Date: _____	Elem Conf RCIA
Pmnt: _____	Rct #: _____	Date: _____	Elem Conf RCIA
Sch. # _____	Initial _____		

CONTINUED ON OTHER SIDE

1.

Parish Fiesta Sept. 28, 29, & 30. *Everyone who can should participate in some way, working together for this important parish fundraiser.* We'll submit your name to the appropriate chairman, who will then call you and schedule a day and time that works for you.

I will work a 3 hr shift in a game booth

I will work a 3 hr shift in a food booth

Other ways I can volunteer:

Security Cleanup Raffle booth Setup before Fiesta Anywhere needed

FREE TUITION to anyone who works on the Fiesta Committee or as a booth captain (40 hrs) *If your child is in Confirmation, retreat fee must still be paid.*

If you are interested in helping as a booth captain, please let us know.

2.

VOLUNTEER HOURS

Please mark where you think you can help. You are under no obligation until we call you and set up an appointment

This program cannot run without volunteers.

1. 1st Communion or 1st Reconciliation Retreat (45-minute setup on Friday evening before)
2. Charity Service project: Child to Child outreach" (during class on a Saturday morning)
3. 1st. Communion Reception (Saturday in May)
 1st Reconciliation Reception (weeknight or Saturday in February or March)
4. Help maintain children's safety in the parking lot before or after class on Saturdays.

3.

ADULT FAITH FORMATION CLASSES

I understand that as a parent I need to support my child's preparation for Sacraments.
Parent initials

All parents are required to attend 20 AFF classes in the two years your child is preparing for their Sacraments. These classes are MANDATORY. Failure to attend these classes may result in postponement of your child's First Communion.

You are the prime educators of your children, and these classes will update your knowledge of the Catechism of the Catholic Church and help you to answer questions your child may have.

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Language spoken at home by parents _____

Is your family registered in our parish? []Yes []No Receiving envelopes? []Yes []No
We encourage you to be a participating member of our parish and to donate if you can on a regular basis. If you wish to be registered, please ask us for a "Parish Registration Form" to fill out.

If your child is transferring from another parish, please provide a letter from the previous church to document last year's attendance.

Transfer []yes []no From what parish? _____ City _____

SACRAMENT INFORMATION

Has child been baptized? []Yes []No Date: _____

NOTE: A copy of the Baptism Certificate must be provided.

Has child received:

1st Reconciliation? []Yes []No Date: _____ Church: _____ City: _____
(Confession)

1st Eucharist? []Yes []No Date: _____ Church: _____ City: _____
(Communion)

Confirmation? []Yes []No Date: _____ Church: _____ City: _____

Have you taken Adult Faith Formation classes since 2013? []Yes []No

Name of older child who received a sacrament between 2013 and present. _____

Note: Parents are required to attend 20 Adult Faith Formation classes in the 2 years your child is preparing for their Sacrament. This is a MANDATORY commitment that we take very seriously. Failure to attend these classes may result in postponement of your child's sacrament.

If your child will be in 7th or 8th grade, do you give your permission for them to leave after class without a parent signing them out? []Yes []No

If yes, please initial. (Parent initials) _____

PHOTOS

During the year we plan to take a photo of your child's class. It will be given to St. Catherine's school as a Christmas card. If you have any problem with your child being photographed in group please indicate below.

Note: If not signed and marked "no", we will assume it is OK to take photos of your child.

[] Yes, I will allow my child to be photographed one time during the year in group.

[] No, I would prefer that my child not be photographed.

Parent signature: _____ Date _____

In cases of hardship, PLEASE SPEAK WITH ROSE TANNER IMMEDIATELY.

Please make checks payable to "St. Catherine Laboure" Returned checks will be subject to a \$15 fee.

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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 Oct. 20, 2018 & Dec. 1, 2018
Teens in the Monday program: Mondays Dec. 10, 2018 & Jan. 14, 2019

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.