



Sacramental Preparation
Registration Form 2018-2019

Please complete all the information requested bellow and in the back of this page.

All information regarding your child's classes will be sent by email and / or text message, please write legibly so that the emails and information arrive without problems.

Student Last and First Name: _____

Mother's First and Last Name: _____

Father's First and Last Name: _____

Address: _____

Home Phone: () _____ Emergency Contact Information: () _____ Name and relationship with the student: _____

Mother's Cell phone: () _____ Father's Cell Phone: () _____ Mother's e-mail: _____ Father's e-mail: _____

e-mail(s): _____

Date of Birth: _____ School grade in Fall 2018 [1][2][3][4][5][6]

Date of Baptism: _____ Church: _____

Indicate if your child has any special needs (Autism, ADD/ADHD/Gluten Issues/Severe Allergies, etc.): _____

Is your family registered in Santiago de Compostela Catholic Church? [Y][N]

Is this your child's first year of Religious Education? [Y][N] First Reconciliation Date: _____

Classes meet on Monday, please circle the time of your preference. [4-6 pm][6-8 pm]

Amount Paid: \$ _____ Cash: _____ Check #: _____ Payment plan: _____

Balance Due: \$ _____

Today's Date: _____

Registration Fee
First Year \$85.00 / Second Year: \$100.00

Payment and child's Baptism
Certificate must accompany this form.

LIABILITY WAIVER

I, the parent (guardian) of _____, hereby give my permission for his/her participation in planned activities. I agree to direct my child to cooperate and follow directions and instructions of parish, school or diocesan personnel responsible for all activities.

As a condition of my child(ren) being allowed to do so, I hereby release and discharge the Diocese of Orange, its constituent organizations, including but not limited to The Roman Catholic Bishop of Orange, a Corporation sole, and their officers, employees and volunteers from any and all claims for personal injuries or damages which are caused by the negligence, active or passive, of any of the entities, individuals, names described above.

I agree, that in the event of injury as a result of participation in planned activities, including transportation to and from these activities, whether or not caused by the negligence, active or passive, of the parish, school, or diocesan youth activities program or any of its agents, employees or volunteers, recourse for the payment of any resulting hospital, medical, dental treatment or related costs and expenses will first be had against any accident, hospital, medical or dental insurance, or any available benefit plan of mine or my spouse. I am not aware of any medical condition which would render it inappropriate for participation in any activity.

I hereby give permission to the physician, nurse, dentist or licensed care staff selected by the supervisory personnel then present to render medical, dental or other appropriate treatment deemed necessary and appropriate by the physician, nurse, dentist or licensed care staff.

Parent/Guardian Signature: _____ Date: _____

VIDEO/PHOTOGRAPH RELEASE FORM

From time to time, we take pictures and video of the R.E. students at events and gatherings. We would like to be able to use these photographs and videos for flyers, parish and diocesan publications, and the parish website. To do this, we need the parents' consent. We will not use the last names of any individual whose photos or videos are posted. If there are concerns about the pictures or videos posted on the website, please contact the R.E. Coordinator or webmaster and they will promptly be removed.

I/We the parent(s) of (students' name) _____, Yes No authorize and give full consent, without limitation or reservation, to Santiago De Compostela, to publish any photographs or videos in which the above named student appears while participating in any program with the Santiago de Compostela Religious Education ministry. There will be no compensation for use of any photographs at the time of publication or in the future.

Parent/Guardian's First and Last Name: _____ Parent/Guardian's Signature: _____ Date: _____

REGISTRATION AND FINANCIAL POLICIES

- Registrations will not be processed without a payment of at least \$20.
- A total balance statement will be given to each family during the week of November 15, 2018.
- All applicable registration and retreat fees must be paid in full by March 1, 2019. _____ Initial
- There will be a \$50 late fee per student for any fees not paid by the above deadline. _____ Initial
- All Registration and retreat fees are non-refundable and non-transferable. _____ Initial
- No Child will be excluded from participation in faith formation/ sacramental preparation due to financial reasons. Families requesting assistance will be asked to complete a confidential financial request form and submit it to the coordinator of the program in which their child will be participating. The Pastor and Coordinator will seek to accommodate the families requiring assistance. The family will complete service hours.

PARENT PLEDGE

In accordance with the Bishop of the Diocese of Orange, I have chosen to enroll and participate in my child's Faith Formation at Santiago de Compostela Church. I understand that the parish provides a place for my family to grow and be nourished in our personal relationship with Jesus through prayer, study of scripture, generosity, and liturgy. I promise to support my child's faith formation at church and home by:

- Practicing my faith and being an example to my family.
- Attending and participating in Sunday Mass every week.
- Attending and participating in Sunday Family Mass every second Sunday of the month.
- Daily prayer such as morning offering, night prayer, grace before and after meals,
- Attend all the Conferences for Parents planed during the school year. _____ Initial
- **PUNCTUALITY:** Being on time is an excellent way to show your child that attendance in Religious Education is important.

More than two (2) unexcused absences will be cause for evaluation of the student's placement in the program. Sports or extracurricular activities do not fall into the category of excused absences. _____ Initial