

**ST. CATHERINE OF ALEXANDRIA, TEMECULA CATHOLIC CHURCH  
2019-2020 FAITH FORMATION REGISTRATION FORM**

**Parish Registration is required for participation in  
St. Catherine of Alexandria faith formation.**

**PLEASE PRINT CLEARLY**

Parish Registration # \_\_\_\_\_

Status:  New  Returning

Parent (1) \_\_\_\_\_ Parent (2) \_\_\_\_\_

Mother's Maiden Name \_\_\_\_\_ (Required)

Address: \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_ (Parent 1)

E-mail: \_\_\_\_\_ (Parent 2)

Parent (1) Cell Phone: \_\_\_\_\_ Parent (2) Cell Phone: \_\_\_\_\_

Emergency Contact Information:

Name (Frist and Last) \_\_\_\_\_ Relationship to child/children \_\_\_\_\_

Phone \_\_\_\_\_ (Emergency contact information will be used if we are unable to reach parents at above list phone numbers)

**List ALL Children you are enrolling in Faith Formation**

NAME OF YOUTH (First and Last Name)	DATE OF BIRTH	GENDER	GRADE (2019-20)	Participant is being registered for (Please check all that apply)					SESSION CHOICE See Reverse
				FF Only	Plus Bapt.	Plus Rec.	Plus Euch.	Plus Conf.	

FF= Faith Formation – Bapt.= Baptism – Rec.= Reconciliation – Euch.= Eucharist – Conf. Confirmation

\_\_\_\_\_ Child/children were enrolled in religious education classes last year at St. Catherine of Alexandria.

\_\_\_\_\_ Child/children were enrolled last year at \_\_\_\_\_ Parish.

\_\_\_\_\_ Child/children were not enrolled in religious education classes last year.

**\*\*\* Deadline for registration for sacramental  
(Reconciliation/Eucharist/Confirmation) preparation is October 3, 2019. \*\*\***

OPTION 1	OPTION 2	OPTION 3	OPTION 4	OPTION 5	OPTION 6	OPTION 7
Grades K-8 Sunday morning 9:00 - 10:00 AM	Grades K-8 Sunday morning 11:00AM - 12:00PM	Grades 9-12 4:00 - 5:45 PM and 6pm Youth Mass	Spanish Grades K-12 Monday evening 6:00 - 8:00 PM	Grades K-5 Wednesday evening 2:30 - 3:30 PM	Grades 6-8 Wednesday evening 6:00 - 7:30 PM	Grades K-5 Wednesday evening 6:15 - 7:15 PM

It is the Diocese of San Bernardino mandate that each child be enrolled in a religious education program one year prior to First Eucharist and two years prior to Confirmation.

EARLY REGISTRATION FEES	REGULAR REGISTRATION FEES	Curriculum Prep Fee (per attendee)	Confirmation 1 NET Team Retreat	Confirmation 2 NET Team Retreat
Up through and including May 30, 2019	On and after May 31, 2019	Due by October 1, 2019	Due by October 1, 2019	Due by October 1, 2019
1 child - \$90.00	\$110.00	\$40.00	\$60.00	\$80.00
2 children - \$160	\$200.00	\$40.00	\$60.00	\$80.00
3 children - \$220	\$280.00	\$40.00	\$60.00	\$80.00
4 children - \$270	\$350.00	\$40.00	\$60.00	\$80.00

\*\$10.00 reimbursement will be issued at the end of the formation year for families serving in the faith formation security ministry during the 2019-2020 formation year.

**\*\*\*\$35.00 non-refundable fee per child will be charged for disenrollment on or before  
September 15, 2019. Disenrollment after September 15, 2019 will not be eligible for refund.  
Retreat fees are non-refundable and non-transferrable\*\*\***

Participation in the religious education program is only one part of your family's responsibility as members of the St. Catherine of Alexandria, Temecula Catholic Church 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 others. Parents are the first catechists of their children.

**PLEASE ATTACH COPY OF:**

- BAPTISM CERTIFICATE (Grades K-12)**
- EUCARIST CERTIFICATE (Confirmation)**

The information that I \_\_\_\_\_ have provided above is true and accurate.  
(Parent/Guardian Print Name)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*File will be shredded once child/children leave faith formation.

\*Registration will not be complete until all forms, fees and certificates have been submitted

# 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
- Only persons listed on the emergency card as approved person(s) will be permitted to pick up children from sessions

## HIGH SCHOOL ONLY:

- Drop off and pick up must be done on the back side of the campus
  - Drop off at designated back stairs
  - Pick up at the youth center
- If my child arranges 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 with the understanding that my child will enter and exit back the back side of the facility and adhere to all set policies set 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.
- 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.

I have read and agree to the above listed policies and procedures.

Printed Name of Child/Youth \_\_\_\_\_ (One form is required per child/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**

**Event:** **Faith Formation Sessions/Events**

**Location:** **St. Catherine of Alexandria Catholic Church**  
41875 "C" Street, Temecula, CA 92592

**Phone:** (951) 676-4403

**Date & Time of Activity:** **July 1, 2019-June 30, 2020**

**Cost:** **Varies**

**\*\*Please check one:**

- Adult (18 and older)  
 Youth (under 18)

**Form MUST be completed in its entirety (Please Print)** – One form is required per child/youth

**MEDICAL LIABILITY**

Participant's Name: \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Cell or Work #: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone #: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy No: \_\_\_\_\_

Allergies/ Medical Problems/ Disabilities \_\_\_\_\_

Is the participant taking any over the counter or prescriptions drugs?  
**Please list and print clearly** \_\_\_\_\_ (Use another sheet if necessary)

**Please list any Allergies to medication or foods** \_\_\_\_\_

I also understand that in the event medical intervention is necessary, every attempt will be made to contact immediately the persons listed on this form. If I cannot be reached in an emergency during the activity dates shown on this form, I give my permission to the physician or dentist selected by the activity leader to hospitalize, to secure medical treatment and/ order an injection, anesthesia, or surgery for my child as deemed necessary.

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.

**CONDUCT**

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 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 child's participation therein, and the publication and duplication or other use thereof. I hereby waive any rights to compensation or any right that I otherwise might have to limit if to control such making or use.

By checking this box, I **DO NOT** authorize any photos, videotapes or recordings of my child.

**PERMISSION**

\_\_\_\_\_  
**Parent/ Guardian Signature Required** for minors under 18

\_\_\_\_\_  
 Date

\_\_\_\_\_  
**Signature of Participant Required**

\_\_\_\_\_  
 Date