



# Registration 2023 – 2024

## Religious Education Program

Parish of All Saints and St. Joseph's  
P.O. Box 642, Twain Harte CA 95383

Parish Office Phone: **209 586-3161** Coordinator of Religious Education: **Lisa Byrum**

Family Name: \_\_\_\_\_

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

**CONTACT INFORMATION:**

Father's/Guardian's Name	Faith/Religion	Mother's/Guardian's Name	Faith/Religion
Home Phone	Work/ Cell Phone	Home Phone	Work/ Cell Phone
Home Address		Mailing Address (if different)	
City, ST ZIP Code		City, ST ZIP Code	
Email Address: _____		Email Address: _____	

**My child is behind on his/her Sacraments; please contact me regarding Sacrament Catch-Up for my child.**

**My child has Special Needs/ Learning Challenges. Please specify:** \_\_\_\_\_

Child's Name <small>If not on file, please provide a copy of baptismal certificate.</small>	Sex <small>M/F</small>	Date of Birth	Grade	School	Sacraments Received <small>(please circle all that apply)</small>
					Baptism    Eucharist    Penance    Confirmation
					Baptism    Eucharist    Penance    Confirmation
					Baptism    Eucharist    Penance    Confirmation
					Baptism    Eucharist    Penance    Confirmation

**Name of Current Parish/Church Membership:**

\_\_\_\_\_

**CLASS(ES) REGISTERING FOR 2023/24**

- K thru 1<sup>st</sup> - Primary \_\_\_\_\_
- 2<sup>nd</sup> and up – Sacramental Preparation \_\_\_\_\_
- 3<sup>rd</sup> and up – Sacramental Preparation \_\_\_\_\_
- 3<sup>rd</sup> and 4<sup>th</sup> – Elementary \_\_\_\_\_
- 5<sup>th</sup> and 6<sup>th</sup> – Intermediate \_\_\_\_\_

There is a Registration fee requested for ALL students attending R.E. classes and a small additional fee for all students who will be receiving sacraments.

Registration fee includes cost of workbook, materials, and special events & activities.

***Checks should be made payable to: All Saints Church.***

**REGISTRATION FEES:**

**\$35/per child \$60/two children**

**\$80/three or more children**

**SP Retreat/Banner Fee \$15**

*Please contact the DRE, Noli Farwell if fees pose a hardship.*

OFFICE USE ONLY: \_\_\_\_\_ FEES DUE: \_\_\_\_\_ FEES PAID: \_\_\_\_\_ DATE RECEIVED: \_\_\_\_\_

Family Doctor

Phone Number

Family Dentist

Phone Number

Family Health Plan Carrier

Policy Number/Subscriber ID

## Alternative Emergency Contacts

Primary Emergency Contact

Secondary Emergency Contact

Home Phone

Work Phone

Home Phone

Work Phone

Parent Signature

Date

- My child is taking medications on a regular basis or has other medical issues that are important to know in an emergency situation.
- My child has allergies: \_\_\_\_\_  
*(please add any food allergies also.)*

**EXPLANATION:**

## Permission Waiver and Release Consent for Treatment Form for Diocesan Activity/Event

To the Parent/legal guardian: This is an agreement releasing the sponsoring organization from any claims that the parents/guardians may have against the organization 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 ROMAN CATHOLIC BISHOP OF STOCKTON CALIFORNIA, A CORPORATION SOLE, also known as the DIOCESE OF STOCKTON which will be referred to as the DIOCESE OF STOCKTON throughout this document, from any claims that the parent/guardian may have against the DIOCESE OF STOCKTON.**

Activity: **Religious Education classes**

Parish: **All Saints Parish, Twain Harte**

Dates: **Sunday Mornings Check Calendar**

Time **9:30am-10:45am**

Location: **We have moved to the parish hall.**

I \_\_\_\_\_ parent or legal guardian of \_\_\_\_\_ (name of child) hereby give permission for my child to participate in the activity named above. I agree to direct my child to cooperate and conform to directions, instructions, and rules established by catechists, chaperones, parish, or diocesan personnel responsible for the above mentioned 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 have, or which may hereafter accrue to me or my child against the DIOCESE OF STOCKTON, 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 STOCKTON and its officers, agent, and employees, from any and all liability relating to the above named activity.

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 so 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 supervisors.

**Photo Release: I hereby grant All Saints Church & St. Joseph's Mission permission to post appropriate photos of my child framed in the parish, on the parish website, social media, and promotional flyers and in the bulletin. I waive any right that I may have to inspect or approve the finished product or written copy, that may be used in conjunction therewith, or the use to which it may be applied. (Parent Initial)**

Name of Parent's/Guardian's(print)

Date

Parent's/Guardian's Signature

Home Phone Number

Emergency Number