Saint Rose of Lima
Faith Formation
2019-2020
REGISTRATION PACKET

Please be sure to include the following when returning registration
For your student:

__ 1. Registration Form: Completed on both sides and sign.

__ 2. Diocese of Monterey Liability Form.

__ 3. Agreement of the Faith Formation process.

__ 4. Baptism Certificate. (Copy)

__ 5. Payment: Cash or check. ($55.00 per student if pay by
   July 15, 2019 / $65.00 per student after 7/15/19)
   $25 additional for Sacrament Prep. Students
   (Please make check to St. Rose of Lima parish.)
SAINT ROSE OF LIMA FAITH FORMATION REGISTRATION
2019-2020

(PLEASE PRINT CLEARLY - FAVOR DE USAR LETRA DE MOLDE)

FAMILY NAME
Apellido de Familia

DATE/ FECHA

Home Address - Domicilio
City - Ciudad
Zip - Código
Phone - Teléfono

Mailing Address (if different from above)

**E-MAIL ADDRESS
Correo Electrónico

**CELL PHONE:

**STUDENT LIVES WITH:
Estudiante vive con:
    Both Parents
    (Ambos padres)
    Mother
    (Mamá)
    Father
    Papá
    Other*
    Otro

FATHER / PADRE
    Name / Nombre
    Last/Apellido

MOTHER / MADRE
    Name / Nombre
    Last/Apellido
    Maiden / Soltera

*If Other

**REGULAR MASS ATTENDANCE IS CENTRAL TO PREPARING YOUR CHILD TO RECEIVE FIRST HOLY COMUNION. WHAT MASS DOES YOUR FAMILY USUALLY ATTEND?

ASISTIENDO MISA REGULARMENTE ES CENTRAL EN LA PREPARACIÓN DE LA PRIMERA COMUNIÓN, ¿A QUÉ MISA ACOSTUMBRA ASISTIR EN FAMILIA

1) NAME/NOMBRE ___________________ Age/Edad ______ Birth Date__________

School / Escuela ___________________ Grade/Grado ______

***Email Address: ______________________________

SACRAMENTS REC'D: Baptism ______ Eucharist ______

2) NAME/NOMBRE ___________________ Age/Edad ______ Birth Date__________

School / Escuela ___________________ Grade/Grado ______

***Email Address: ______________________________

SACRAMENTS REC'D: Baptism ______ Eucharist ______

*If Child is over the age of 7 and has not been Baptized, he/she would be required to enroll RCIA for Children and
Provide a copy of Birth Certificate. Parents must schedule an appointment with Religious Ed Coordinator.
- Si la edad de su niño/a es más de 7 años, y no ha recibido el sacramento del Bautismo, se tiene que
  registrar para el programa de RCIA para niños y traer el acta de nacimiento. Favor de hablar con la
  coordinadora del programa.
FAMILY MEDICAL/EMERGENCY INFORMATION

FAMILY NAME (APELLIDO) _______________________

PARENTS NAME(S) __________________________ PHONE/TELÉFONO # __________________

NOMBRE DE LOS PADRES Phone __________________

Doctor ____________________________________ Phone __________________

Office Address ________________________________________________________________

EMERGENCY RELEASE INFORMATION (Contactos de emergencia): (Adults only - solamente adultos)
*** Student will only be released to those listed below. *** Any changes MUST be in writing.
***Solamente las personas nombradas aquí pueden recoger sus hijos*** Cualquier cambio debe ser por escrito.

1. ___________________________________ Phone __________________

2. ___________________________________ Phone __________________

3. ___________________________________ Phone __________________

MEDICAL CONDITIONS WE SHOULD KNOW ABOUT: (MUST COMPLETE FOR EACH STUDENT)
CONDICIONES MEDICAS QUE DEBERIAMOS DE SABER: (DEBE COMPLETAR PARA CADA ESTUDIANTE)

NAME ____________________________ Condition ____________________________

Allergies / Alergias ______________ Medications / Medicamentos __________________

In Special Education Classes? ________________________________________________

NAME ____________________________ Condition ____________________________

Allergies / Alergias ______________ Medications / Medicamentos __________________

In Special Education Classes? ________________________________________________

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MEDICAL INSURANCE CARRIER: ___________________ SUBSCRIBER: ___________________
(SEGURO MÉDICO)

GROUNumber/PLAN______________________________________________________________

I hereby authorize Mission Saint Rose of Lima, Religious Education staff to seek and obtain medical care in the event of an emergency for all of the registered students in our family. Parents are responsible for any medical costs incurred, including ambulance costs. I also verify that medical insurance information given above covers all students from my family registered.

Por la presente autorizo al personal de Educación Religiosa de Saint Rose of Lima, a buscar y obtener atención médica en caso de una emergencia para todos los estudiantes registrados en nuestra familia. Los padres son responsables de cualquier costo médico incurrido, incluyendo los costos de ambulancia. También verifico que la información del seguro médico dada arriba cubre a todos los estudiantes de mi familia registrados.

PARENT SIGNATURE: __________________________ DATE __________________________

PLEASE PROVIDE A COPY OF YOUR CHILD'S BAPTISM CERTIFICATE WITH YOUR REGISTRATION.

FAVOR DE PROVEER UNA COPIA DEL CERTIFICADO DE BAUTISMO DE CADA HIJO(A) CON SU REGISTRACION.
DIOCESE OF MONTEREY
PERMISSION WAIVER AND RELEASE & CONSENT FOR TREATMENT FORM
FOR PARISH/SCHOOL ACTIVITY/EVENT

To the Parent/legal guardian: This is an agreement releasing the sponsoring parish/school 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 MONTEREY, CALIFORNIA, A CORPORATION SOLE, also known as the DIOCESE OF MONTEREY which will be referred to as the DIOCESE OF MONTEREY throughout this document, from any claims that the parent/guardian may have against the DIOCESE OF MONTEREY.

Activity/Event: St Rose of Lima Parish English Religious Education Program

Starting Date: Classes are on Wednesdays from 6:00 pm—7:30 pm from September 9, 2019 through May 13, 2020

Mode of Transportation: Parents are responsible for transportation to/from classes

I, ____________________________ (name of parent or legal guardian) parent or legal guardian of ____________________________ (name of child/ren)

hereby give my permission for my child/ren to participate in the youth activity named above. I agree to direct my child/ren to cooperate and conform with directions, instructions and rules established by the chaperones, parish, school or diocesan personnel responsible for the above mentioned youth activity.

In exchange for permitting my child/ren to participate in the above named activity, to the extent permitted by law, I waive all claims for damages which I may have, or which may hereafter accrue to me or my child/ren against the DIOCESE OF MONTEREY, 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 MONTEREY and its officers, agents, employees, from any and all liability relating to the above named activity.

I agree and understand that transportation may be provided in such form and at the discretion of the DIOCESE OF MONTEREY.

My child/ren is/are physically fit and capable of participation in this event.

I authorize a representative of the DIOCESE OF MONTEREY into whose care the above named minor/s has been entrusted, to consent to and permit any and all necessary medical services for my child/ren to be rendered to him/her under the general or special supervision and upon the advice of a physician and surgeon licensed under the provisions of the California Medical Practice Act, to consent to and permit any x-ray examination, anesthetic, dental or surgical diagnosis or treatment and hospital care rendered to my child/ren by a dentist licensed under the provisions of the Dental Practice Act. I hereby give the representative of THE DIOCESE OF MONTEREY permission to use his/her judgment in obtaining medical services. I agree if medical services are required for my child/ren, THE DIOCESE OF MONTEREY will not be responsible for any medical expenses.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide authority and power on the part of the above-mentioned diocesan representative to give specific consent to any and all such diagnosis, treatment or hospital care that the above mentioned physician in the exercise of his/her best judgment may deem advisable.

I hereby authorize any hospital which has provided treatment to the above named minor/s pursuant to the provisions of Family Code section 6910 to surrender physical custody of such minor/s to the diocesan representative upon the completion of treatment. This authorization is given pursuant to Health and Safety Code section 1283.

This authorization shall be in effect during all time that my child/ren is/are under the supervision of THE DIOCESE OF MONTEREY for the above mentioned event and shall remain effective until the minor/s returns from the event and is/are no longer under the supervision of the DIOCESE OF MONTEREY.

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This waiver and release form is signed in order to participate in the above named event for my child/ren's own personal enjoyment and benefit and is done 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/ren and he/she is aware of and understand the importance of following all rules set out by the supervisor(s).

Signature of Parent/Guardian: ____________________________ Date: ____________________________
Commitment Letter for Sacrament Preparation
2019 - 2020
First & Second Year Students

Dear Parents,

It is with great pleasure that we welcome your child into the Sacrament Preparation Program. This is an exciting time in your child’s faith journey. Our Parish Sacrament Program seeks to engage the family in faith-sharing and faith-building. We encourage all families to take a serious and intentional role in the development and nurturing of the Catholic faith of their children. As parents you are the primary spiritual educators of your children and they learn from your example and instruction. Parents communicate values and attitudes by showing love for Christ and his Church and for each other, by reverently receiving the Eucharist and living in its spirit, and by fostering justice and love in all relationships. We cannot stress enough the importance of taking your child to Mass each week. Attending Mass on Sunday is part of our obligation to bring up our children in the Catholic faith.

To assist parents in their spiritual role the Faith Formation Team is committed to making Sacrament Preparation a top priority. We focus on family formation which includes the preparation of both children and parents. During the year we will hold gatherings, retreats, prayer services and community-building activities as part of this spiritual preparation process. You and your child are expected to attend all Sacrament preparation events.

Our parish faith formation program not only provides classroom instruction for your children to learn about their faith but they are also provided opportunities to experience their faith on a deeper level. Student retreats allow the children to spend time together with their parish community and fully focus on the Sacraments. Spending time together as a community also shows the children that there is more to church than their religious education classroom. Parent sessions, retreats and prayer services allow parents to come together as a community in prayer, reflection and worship.

Please complete the form below and return Commitment Letter with your registration paperwork.

Yours in Christ,
The St. Rose of Lima Catechetical Team

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Parent Requirements

- I understand that I am required to attend all parent sessions, parent/child retreats and prayer services.
- My child is required to attend all student gatherings, retreats, and practices.
- I will help my child to learn and practice their prayers.
- I understand that I am expected to bring my child to Mass every Sunday.
- I understand that my child must attend class and that excessive absences will affect my child’s preparation and readiness to receive the sacraments.
- I understand these are the requirements for the Sacrament Program at Saint Rose of Lima Parish. I also understand that if I choose not to comply with the program requirements my child may not be eligible to receive First Reconciliation and First Eucharist.

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Parent’s Name ________________________________ Date ________________ Child’s Name ________________________________

Parent’s Signature ________________________________ En español al reverso. ________________________________ Child’s Name ________________________________
<table>
<thead>
<tr>
<th>MONTH</th>
<th>DATE</th>
<th>EVENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>September</td>
<td>11</td>
<td>Faith Formation Kick-Off Parish Hall</td>
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<tr>
<td>September</td>
<td>18</td>
<td>Class</td>
</tr>
<tr>
<td>September</td>
<td>25</td>
<td>Welcome Mass - Everyone meet in church</td>
</tr>
<tr>
<td>October</td>
<td>2</td>
<td>Class</td>
</tr>
<tr>
<td>October</td>
<td>9</td>
<td>Class</td>
</tr>
<tr>
<td>October</td>
<td>16</td>
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<td>October</td>
<td>23</td>
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<td>November</td>
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<td>November</td>
<td>20</td>
<td>Class</td>
</tr>
<tr>
<td>November</td>
<td>27</td>
<td>No Class – Happy Thanksgiving</td>
</tr>
<tr>
<td>December</td>
<td>4</td>
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<td>December</td>
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<td>Christmas Break - No Class</td>
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<td>January</td>
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<td>Happy New Year 2020</td>
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<tr>
<td>January</td>
<td>8</td>
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<td>11</td>
<td>SP RECONCILIATION RETREAT</td>
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<tr>
<td>January</td>
<td>15</td>
<td>Class</td>
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