

ST. PETER CHANEL CATHOLIC CHURCH

Religious Education Program

REGISTRATION FORM

Annual Registration Fee: \$40.00 Per Student

Students **LAST** Name: _____ Today's Date: ____/____/____

Home Address: _____ City: _____ Zip: _____

Father's Name: _____ Religion: _____
(First Name) (Last Name)

Mother's Name: _____ Religion: _____
(First Name) (Maiden Last Name)

Legal Guardian, **if other than parent**: _____ Religion: _____

Contact Information: } Father's: () _____ Mother's: () _____
 Parents Email: _____
 Additional contact (other than the parent) in case of an emergency: () _____

Child lives with? Both Parents Only with Mother Only with Father Other: _____

Parents married in the Catholic Church? Yes No Are you interested in getting married? Yes Maybe No

STUDENTS INFORMATION						FOR OFFICE USE ONLY		
STUDENTS NAME	Date of Birth	School Grade	Special need or disability?	Gender M or F	Baptized? YES or NO?	SACRAMENTS (needed)	CATECHIST	DAY

FOR OFFICE USE ONLY					
Payment Record					
DATE OF PAYMENT	AMOUNT PAID	AMOUNT DUE	CASH	CHECK #	RECEIVED BY

Other Notes: _____

AGREEMENT / WAIVER AND RELEASE FORM

Saint Peter Chanel Catholic Church – Religious Education

STUDENTS INFORMATION:

Students Name: _____

RELIGIOUS EDUCATION: Year 2020-2021

Activity: CCD Program

Location: St. Peter Chanel Catholic Church

WAIVER AND RELEASE FORM

I give my permission for his/her participation in the activity mentioned above. I agree to direct my child to cooperate and conform to the directions and instructions of the parish personnel responsible for the youth activities.

I agree that my child must adhere to the Covid-19 protocols by maintaining social distancing, wearing a mask and follow all parish safety protocols.

As a condition of my child being allowed to do so, I hereby release and discharge the Archdiocese of Los Angeles, its constituent organizations including but not limited to The Roman Catholic Bishop of Los Angeles, a Corporation Sole, and their officers, employees and volunteer from any and all claims for personal injuries or property damage that he/she may suffer as a result of his/her participation in the activity described above, whether or not such injuries or damages are caused by the negligence, active or passive, of any of the entities, individuals named or described above.

I agree that in the activity my child is injured as a result of his/her participation in the above mentioned activities, whether or not caused by the negligence (active or passive) of the parish activities program, or any of its agents or employees, recourse for the payment of any resulting hospital, medical, or related costs and expenses will first be had against any accident, hospital or medical insurance, or any available benefit plan of mine or of my spouse.

I am unaware of any medical condition of my child, which would render it inappropriate for him/her to participate in any such activity.

I hereby give permission to the physician selected by the youth activities supervisory personnel then present to render medical treatment deemed necessary and appropriate by the physician.

I, hereby, authorize the making of photographs, videotapes, recordings, or other memorializing of said activity. I, hereby, waive any right to compensation.

Furthermore, I understand that due to the Covid-19 pandemic, this activity is subject to change without notice.

PARENTS AGREEMENT:

This is an agreement with Saint Peter Chanel Catholic Church, by which we **both parents** (father and mother) agree to fulfill our Christian responsibilities in the education of my children in the faith. As a parent, my responsibilities are as follows: (see *Catechism of the Catholic Church #'s 2221-2231*)

- To accompany my child in their Christian journey: daily prayers, active participation in the Sacraments; go to ***Holy Mass every Sunday*** in person, if this is not possible attend a livestream mass.
- My child will ***dress modestly*** and behave in a manner that is respectful of the house of God.

PARENT'S SIGNATURE: _____ DATE _____