

ST. PETER CHANEL CATHOLIC CHURCH | REGISTRATION FORM
Office of Religious Education

Annual Registration Fee: \$50.00 Per Student before August 19 | after \$75
\$80.00 Per Family before August 19 | after \$100

FAMILY INFORMATION

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: _____
 Child lives with? Both Parents Only with Mother Only with Father Other: _____
 Parents married in the Catholic Church? Yes No

CONTACT INFORMATION

Father's: () _____ Mother's: () _____
 Parents Email: _____
 Additional contact (other than the parent) in case of an emergency: () _____
 Name: _____
 Relationship with child: Brother/Sister Uncle/Aunt Other: _____

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

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 2022-2023

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 and 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.

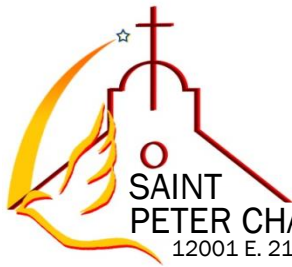
Furthermore, I understand that due to the COVID-19 pandemic, this activity is subject to change without notice.

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 and to help them with their catechism homework.
- My child will **dress modestly** and behave in a manner that is respectful of the house of God.

PARENT'S SIGNATURE: _____ DATE: _____



12001 E. 214th Street, Hawaiian Gardens, CA 90716 - Staff by the Oblates of the Virgin Mary - [Mariam cogita. Mariam invoca](#)

VIRTUS® “Teaching Touching Safety” Children’s Program Archdiocese of Los Angeles

August / September, 2022

Dear Parents and Guardian:

We at **Saint Peter Chanel Catholic Church** are committed to your child’s safety and well-being. Almost daily, we hear of incidents of child sexual abuse happening. That is why learning how to prevent child sexual abuse is important, not only us as adults, but also for our children and young people.

The creators of the VIRTUS® program developed the *Protecting God’s Children, Touching Safety Program for Children™* which consists of “Five Safety Rules” children need to learn to help keep them safe. In addition, students will also learn about topics such as internet and technology safety, setting boundaries, what to do about bullying and summer safety.

This year we will present the VIRTUS® *Protecting God’s Children, Touching Safety Program for Children™* to our students on the following date:

Confirmation Students Year 2:	Friday, March 10, 2023 at 4:00PM-5:00PM
Confirmation Students Year 1:	Tuesday, March 14, 2023 at 4:00PM-5:00PM
First Communion Students:	Wednesday, March 15, 2023 at 4:00PM-5:30PM

The *Protecting God’s Children, Touching Safety Program for Children™* is provided for free by Archdiocese of Los Angeles, and is a part of our ongoing effort to help create and maintain a safe environment for children and youth and to protect all children from sexual abuse. For more information on the VIRTUS® *program* you may visit the VIRTUS® *Online* website at www.virtus.org

If you have questions about the program, or would like to review any of the materials or DVDs, please feel free to contact Ana Pineda at (562) 924-7591.

Saint Peter Chanel Catholic Church - Religious Education Program

Parent Permission Slip for the VIRTUS® *Protecting God’s Children, Touching Safety Program for Children™*

I understand that for my child to participate in the VIRTUS® *“Protecting God’s Children, Touching Safety Program for Children™* I need to fill out and sign this Parent Permission Form. I am specifically requesting that **Saint Peter Chanel Catholic Church** present the *“Protecting God’s Children, Touching Safety Program for Children™* to my child:

Child’s Name: _____

Parent’s Name (printed): _____

Parent’s Signature: _____ Date: _____