



***St. Christopher Faith Formation
Parent/Guardian Commitment Letter
2019 - 2020***

By signing this letter I/We acknowledge that I/We am/are my/our child/children's first and foremost ***Catechist***.

I commit to:

1. Attending Sunday Mass with my child/ren and Holy Days of Obligation and using the Family Church Envelope.
2. Actively participating in my/our child/children's faith formation by:
 - Sharing my/our own faith journey with him/her
 - Praying with him/her
 - Discussing with the child whatever was covered at class each session
 - Supporting the student to complete any homework or family projects
 - Receiving the sacraments myself/ourselves, including Reconciliation and Eucharist on a regular basis. (If there are impediments to your receiving the Sacraments please meet with DRE so that we may assist you in your desire to receive them.)
3. Bringing them to class on time and being prepared
4. Attending scheduled class sessions with no more than 2 absences. (Especially during Year 2 sacramental preparation.)
5. Attending (3) assigned required parent's meetings.
6. Attending required Retreats and additional meetings for Parents of students in 2nd year preparation of sacraments.
7. Understanding that the Faith Formation classroom maintains a Christian caring atmosphere with respect for all.

Parent Name: _____ **Signature:** _____



St. Christopher Faith Formation 2019-2020 Registration Packet

Dear Parents/Guardians,

Thank you for choosing St. Christopher for your child(ren)'s faith formation.

Please review and **complete the attached forms to register** your child(ren) into our program:

- ___ Registration Form
- ___ Emergency Data Form
- ___ Commitment Form
- ___ Protecting God's Children Form
- ___ Media Permission Form

Additional Documents Required:

- ✓ If this is your first year registering with our program OR the following forms have not been previously submitted, your registration will **not** be complete without the following documents:
- ✓ If this is a **returning registration** and the following forms were not submitted during year one, Year 2 forms **WILL NOT** be accepted without the following documents:
 - ___ Birth Certificate
 - ___ Baptismal Certificate
 - ___ First Holy Communion Certificate (if sacrament has already been received)
 - ___ Any custodial documents pertinent to circumstances regarding: custody, who has authority to pick up or drop off child(ren), authority regarding faith formation decisions.

Program Fees:

1. *No child will be denied formation due to financial hardship. Please meet with the Director to discuss any financial needs regarding fee payment.*
2. *St. Christopher Faith Formation is funded by the collection of fees.*
3. *Balances from previous years may not be carried over the subsequent year. Please meet with the DRE to make arrangements to settle past due balances.*
4. *We appreciate your commitment to your children by registering them for their faith formation. Your financial commitment makes providing a comprehensive formation program possible.*
 - \$120.00 per year – one student first year
 - \$150.00 per year – one student second year (FHC, RCIA)
 - \$200.00 per year – 2 siblings first year (ADD \$30 per each Second Year student)
 - \$300.00 per year – 3 or more students (ADD \$30 per each Second Year student)
 - \$60.00 per year – per student, returning for continuing formation (grades 3-5)
 - \$25.00 per year – per student, returning for continuing formation (grades 6-8)

Out of parish families: All out of parish families will be charged a \$25 surcharge per family to help offset any parish subsidy.

4/2019

FEES CONTINUED:

Fees must be paid in full by December 15, 2019

- Payment arrangements are available subject to approval of DRE.
- A minimum deposit of \$25 per student must be paid at registration
- The deposit must be paid in no more than 4 installment payments with set dates.

PAYMENT ARRANGEMENTS:

Description of fees:

GRADES K-8 TOTAL: _____

(# of Y1 ___ #of Y2 ___ #of Ret. Grades 3-5: ___ #of Ret. Grades 6-8: ___)

HIGH SCHOOL (Confirmation)

of CY1: _____ # of CY2: _____

Confirmation TOTAL: _____

TOTAL FEES DUE: \$ _____

DEPOSIT AMT: _____ **DATE:** _____

Balance due Total: _____

Installment Amts:

\$ _____ **Date due:** _____

\$ _____ **Date due:** _____

\$ _____ **Date due:** _____

\$ _____ **Date due:** _____

Installment payments are due on the date agreed. Please notify the Faith Formation Office if circumstances require changes in the installment agreement.

NOTES/COMMENTS:
--

FAMILY'S LAST NAME: _____



Saint Christopher Faith Formation Ministry
2019-2020 Faith Formation Registration

Home Phone: _____ Family Email: _____ @ _____

Home Address: _____ City _____ Zip _____

Father's Work # () _____ Cell # () _____

Mother's Work # () _____ Cell # () _____

Father's Name: _____

Mother's Name: _____ Maiden Name _____

Child (ren) live with: Both Parents Mother Father Grandparent

Legal Guardian

If children are in joint custody or are with a non-custodial parent during class time does the non-custodial parent:

Agree to bring child/children to class during their assigned visitation? Yes No

Have permission to Registered the child/children Yes _____ No _____

Have permission to pick the child/children up? Yes _____ No _____

Please include any appropriate Custodial agreements we should be aware of.

Additional Comments re: above: _____

Name of 1st Student: _____ DOB _____

School Attending: _____ Grade in Fall of '19: _____

Previous Religious Education was at: _____ Year _____

Please check sacraments received:

Baptism _____ Reconciliation _____ 1st Eucharist: _____

Sacramental Prep: (please circle) Y1 or Y2 RCIA (unbaptized): Y1 or Y2

Learning considerations or accommodations needed: _____

Name of 2nd Student: _____ DOB _____

School Attending: _____ Grade in Fall of '19: _____

Previous Religious Education was at: _____ Year _____

Please check sacraments received:

Baptism: _____ Reconciliation: _____ 1st Eucharist: _____

Sacramental Prep: (please circle) Y1 or Y2 RCIA (unbaptized): Y1 or Y2

Learning considerations or accommodations needed: _____

Name of 3rd Student: _____ DOB: _____

School Attending: _____ Grade in Fall of '19: _____

Previous Religious Education was at: _____ Year _____

Please check sacraments received:

Baptism: _____ Reconciliation _____ 1st Eucharist _____

Sacramental Prep: (please circle) Y1 or Y2 RCIA (unbaptized): Y1 or Y2

Learning considerations or accommodations needed: _____

Copy of Birth & Baptism Certificate: Y _____ N _____ Emergency Data Completed: Y _____ N _____

Please Check the session preferred:

Saturday Classes K through 5th

_____ 8:15 am to 9:45 am

_____ 10:00 am to 11:30am

Junior High Sessions (grades 6-8)

_____ 6:30 – 8:00 pm

Monday evenings

DONATION OF 1 REAM OF COPY PAPER PER FAMILY IS

REQUESTED (Color paper is always appreciated!)

2019-2020 Emergency Information/Release Form:

For the following medical conditions ONLY, please indicate name of child(ren) for which this information applies: (use additional paper if necessary)

List any condition staff should be aware of: (e.g., epilepsy, allergies, diabetes, seizures etc.)	
Asthma inhaler:	Inhaler form: Y or N
List of regular medication(s):	
Health Insurance Carrier:	Policy or Member #:
Dr. Name:	Dr. Phone #:

Consent for Emergency Treatment:

I hereby give my permission to have my child(ren), _____,
_____, _____, treated with minor first aid and/or
paramedics, emergency care if the need arises.

Parent/Guardian Signature: _____

Print Name: _____ **Date:** _____

In case of emergency, contact:

Full Name:	Phone:	Relationship to child:
Full Name:	Phone:	Relationship to child:
Full Name:	Phone:	Relationship to child:

Earthquake/Disaster Information: In the event of a major earthquake or disaster or any other emergency, your student will be held on parish grounds and only released to the parents/guardians or those listed above. I hereby give my consent that these persons may take my student home if I am unable to do so. I have notified each of them regarding this permission.

Parent/Guardian Signature: _____

Print Name: _____ **Date:** _____

OFFICE USE ONLY

Student was picked up by: _____

Date: _____

Signature: _____

Staff Signature: _____



Protecting God's Children

VIRTUS Program

Office of Safeguard the Children
Archdiocese of Los Angeles
PERMISSION FORM 2019-2020

To: Parents of registered Faith formation students
From: Office of Faith Formation, St. Christopher Church
Subject: Permission for your child to participate in "Protecting God's Children" Program

St. Christopher Religious Formation will present "Protecting God's Children" program. This program is provided to us by the Los Angeles Archdiocese and is a part of our ongoing effort to create and maintain a safe environment for the students in our care.

As parents/guardians you have the right to choose whether your student participates. Before the program is presented to the students, information will be provided to you. If you have questions about the program, please contact the Director of Faith Formation, Judi Peña at (626) 338-2937, (626) 806-9818 or via email; jpena.sccdre@gmail.com

Please complete the "Opt-in" form at the bottom of this page and return it with your student's registration packet.

For more information, visit VIRTUS online at www.virtus.org.

I am allowing my child to participate in the "Protecting God's Children" program in maintaining a safe environment for them.

Print Child/children's name/s: _____

Date: _____

Print Parent/Guardian Name: _____

Parent/Guardian Signature: _____

MEDIA RELEASE FORM 2019-2020

Parent Authorization to Use Child's Image, Name, Voice and /or Work for Non-Commercial Purposes

Archdiocese/School/Parish: Los Angeles, St. Christopher Parish School, St. Christopher Church

Class/Activity: Office of Religious Formation

St. Christopher Church intends to use your child's image, name, voice and/or work for the following non-commercial purposes: **Classes, retreats, workshops, activities, service activities from August, 2019-May, 2020.**

The following person not connected to St. Christopher Church, Archdiocese of Los Angeles, will be involved in the class/activity: _____

This section to be completed by Parent/Legal Guardian:

I, _____, am the parent or legal guardian of _____, a minor, I hereby authorize St. Christopher Church, to use the following personal information about my child:

Please initial the applicable sections:

Image/visual likeness: ___yes ___no voice: ___yes ___no
Name: ___yes ___no work: ___yes ___no

I understand and agree that my child's image, name, voice and/or work (the "Personal Information") will be used for the particular reasons identified above. I further understand and agree that St. Christopher Church may use the Personal Information for other non-commercial purposes, including, but not limited to, publicity, exhibits, electronic media broadcasts or research. I understand and agree that the Personal Information of my child may be copied, edited and distributed by St. Christopher Church in publications, catalogues, brochures, books, magazines, exhibits, films, videotapes, CDs, DVDs, email messages, websites, or any other form now known or later developed (the Materials).

St. Christopher Church may use the Personal Information at its sole discretion, with or without my child's name or with a fictitious names, and without accurate or fictitious biographical material. St. Christopher Church will not use the Personal Information for improper purposes or in a manner inconsistent with the teachings of the Roman Catholic Church.

I waive any right to inspect or approve any Materials that may be created using the Personal information now and in the future. While St. Christopher Church will take care to maintain the particular intents and purposed of the photographs or electronic recording, editing may be necessary to obtain the best results. I release and discharge St. Christopher Church and its employees and agents from any liability that may arise out of the making or editing of the photographs or electronic recording, including but not limited to, distortion, blurring, alteration, optical or auditory illustrations or use in composite form.

In exchange for St. Christopher Church's giving my child an opportunity to participate in the class/activity, I hereby agree that neither I , nor my child, will receive monetary compensation, royalties or credit for use of the photographs or electronic recording by St. Christopher Church. I understand and agree that St. Christopher Church shall be the owner of all right, title and interest, including copyright, in the photographs, electronic recordings and Materials. If St. Christopher Church intends to use the Materials for a commercial purpose, I will be provided at that time more information about the terms of the commercial use.

I hereby waive, release and forever discharge any and all claims, demands or causes of action against St. Christopher Church and it employees, agents, contractors and any other person, organization or entity assisting them with the photography, electronic recording or Materials, for damage, or injuries in any way related to or arising from the photography, electronic recording or Materials, or the use of the Personal Information, and I expressly assume the risk of any resulting injury or damage.

I further understand and agree that this Authorization remains in effect until it is withdrawn in writing. I understand that if I change my mind about this Authorization, that I will submit another, new authorization form to St. Christopher Church. However, my new authorization will not have the effect of revoking this Authorization, and St. Christopher Church will have no duty or obligation to make any changes or alterations to any Materials that may have been prepared based on this Authorization.

I represent that I have read this Authorization, understand the contents and am able to grant the rights and waivers it contains. I understand that the terms of this Authorization are contractual and not mere recitals. I am signing this document freely and voluntarily.

Signature: _____ **Date:** _____

Print Name: _____ **Relationship to Child:** _____

Address: _____ **Phone:** _____

Name of Student/s: _____ **Age:** _____