



RESURRECTION CATHOLIC COMMUNITY

2021-2022 Faith Formation Registration for Grades K-12

7600 Soquel Drive (P.O. Box 87), Aptos, CA 95001 (831) 688-4300 Fax: (831) 688-6921
Website: https://resurrection-aptos.org E-Mail: resurrectionparish@sbcglobal.net

Registration form with columns for Student's Name, M/F, Date of Birth, Current School, Grade, and Years Attended. Includes sections for sacraments received (Baptism, 1st Eucharist, Reconciliation, Confirmation) and baptism location for four students.

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Mother or Guardian: \_\_\_\_\_

Religion: \_\_\_\_\_

Cell #: \_\_\_\_\_

Email: \_\_\_\_\_

Father or Guardian: \_\_\_\_\_

Religion: \_\_\_\_\_

Cell #: \_\_\_\_\_

Email: \_\_\_\_\_

Child(ren) Primarily Reside(s) with:

- Both Parents, Father, Mother (In the same home)

Baptismal Certificates are required for all new students.

GRADES K-12 (Thursday classes & Youth Group) (does not include Sacrament Preparation)

Table with 2 columns: Fee Category and Amount. Rows include 1 Child (\$80), 2 Children (\$105), 3 or More Children (\$125), and Home School option only (\$40).

SACRAMENT PREPARATION FEES:

Table with 2 columns: Fee Category and Amount. Rows include 1st Eucharist and 1st Reconciliation Fee (\$75), Confirmation Fee (\$100), and a TOTAL row.

FOR OFFICE USE ONLY: date paid: \_\_\_\_\_ amount: \_\_\_\_\_ cash/check # \_\_\_\_\_ credit card \_\_\_\_\_ MR PR PDS: CO FO Initialed by: \_\_\_\_\_



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## Permission to Release Photographs 2021 - 2022

There are occasions when the Diocese of Monterey (which includes Resurrection Church) would like to use pictures taken at the parish for newspaper articles, videos, websites, brochures or other publications.

I authorize and give my permission for the Diocese of Monterey to use any photos taken of myself or my children in any newspaper articles, videos, websites, brochures or other publications.

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Print Name

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SIGNATURE

Parent/Guardian or Leader

Participant(s)

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Resurrection Church

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Aptos, CA

Parish / School

City

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

**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 DIOCESE OF MONTEREY PARISH & SCHOOL OPERATING CORPORATION, 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:	Faith Formation Classes for Kindergarten through High School	Starting Date:	September 2021 – June 2022
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: \_\_\_\_\_

Child's Name: _____	Date of Birth: _____	Male <input type="checkbox"/> Female <input type="checkbox"/>
Child's Name: _____	Date of Birth: _____	Male <input type="checkbox"/> Female <input type="checkbox"/>
Child's Name: _____	Date of Birth: _____	Male <input type="checkbox"/> Female <input type="checkbox"/>
Allergies (foods, drugs, insects, etc.) _____ Medications (name, dosage, reason) _____		
Other information (injuries) or special health/physical conditions: _____		
<b>Insurance Information:</b>		
Insurance Carrier (Dependent Coverage): _____	Name of Policy Holder: _____	Policy Number: _____
<b>Persons Authorized to Pick-Up Children:</b>		
Name: _____	Phone: _____	
Name: _____	Phone: _____	
My Child/ren may walk home from this program. <input type="checkbox"/> My Child may drive him/herself home from this program. <input type="checkbox"/> My Child requires a Child Safety Seat. <input type="checkbox"/>		
<b>Person(s) to notify in case of an emergency:</b>		
Name: _____	Day Phone Number(s) _____	Evening Phone Number(s) _____
Name: _____	Day Phone Number(s) _____	Evening Phone Number(s) _____
Child/ren's Doctor: _____	Phone Number: _____	
Child/ren's Dentist: _____	Phone Number: _____	