



RESURRECTION CATHOLIC COMMUNITY

2018-2019 Faith Formation Registration for Children & Youth

7600 Soquel Drive (P.O. Box 87), Aptos, CA 95001 (831) 688-4300 Fax: (831) 688-6921

Website: www.resurrection-aptos.org E-Mail: resurrectionparish@sbcglobal.net

Student's Name (Last, First, Middle)	M/F	Date of Birth	Current School	Grade	Years Attended FF or Catholic School
1. <i>Circle Y or N if Sacrament(s) received:</i> Baptism Y/N Baptized at Resurrection Y/N If not where:		1st Eucharist Y/N Reconciliation Y/N	Confirmation Y/N		
2. <i>Circle Y or N if Sacrament(s) received:</i> Baptism Y/N Baptized at Resurrection Y/N If not where:		1st Eucharist Y/N Reconciliation Y/N	Confirmation Y/N		
3. <i>Circle Y or N if Sacrament(s) received:</i> Baptism Y/N Baptized at Resurrection Y/N If not where:		1st Eucharist Y/N Reconciliation Y/N	Confirmation Y/N		
4. <i>Circle Y or N if Sacrament(s) received:</i> Baptism Y/N Baptized at Resurrection Y/N If not where:		1st Eucharist Y/N Reconciliation Y/N	Confirmation Y/N		

Address: _____

City: _____ Zip: _____

Phone: _____

Mother or Guardian: _____

Religion: _____

Work #: _____ Cell #: _____

Email: _____

Father or Guardian: _____

Religion: _____

Work #: _____ Cell #: _____

Email: _____

Child(ren) Primarily Reside(s) with:
Both Parents Father Mother
(In the same home)

FEES:	
1 Child: Thurs. K-5, Middle (grade 6-8), or High School (grade 9-12 w/o Confirmation)	\$75
2 Children: Thurs. K-5, Middle (grade 6-8), and/or High School (grades 9-12 w/o Confirmation)	\$100
3 or More Children: Thurs. K-5, Middle (grade 6-8), and/or High School (grades 9-12 w/o Confirmation)	\$120
Home School option only (speak with Director if more than one child)	\$35
1st Eucharist and 1st Reconciliation Fee (Texts, Bible, Cross)	\$70
Confirmation Fee: (includes High School Youth Group) Circle: 1st Year or 2nd Year	\$220
TOTAL:	

Baptismal Certificates are required for all new students.

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



Permission to Release Photographs 2018-2019

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.

Print Name

SIGNATURE

Parent/Guardian or Leader

Participant(s)

Resurrection Church

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 2018 – June 2019
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.

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: _____

Please provide the following:

Child's Name: _____

Date of Birth: _____ Male Female

Child's Name: _____

Date of Birth: _____ Male Female

Child's Name: _____

Date of Birth: _____ Male Female

Allergies (foods, drugs, insects, etc.) _____

Medications (name, dosage, reason) _____

Other information (injuries) or special health/physical conditions: _____

Insurance Information:
 Insurance Carrier (Dependent Coverage): _____

Name of Policy Holder: _____ Policy Number: _____

Persons Authorized to Pick-Up Children:

Name: _____ Phone: _____

Name: _____ Phone: _____

My Child/ren may walk home from this program.

My Child may drive him/herself home from this program.

My Child requires a Child Safety Seat.

Person(s) to notify in case of an emergency:

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: _____