

RESURRECTION CATHOLIC COMMUNITY
2023-2024 Faith Formation Registration for Grades K-12

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

Student's Name (Last, First, Middle)	M/F	Date of Birth	Current School	Grade
1.				
<i>Sacrament(s) received:</i> Baptism <input type="checkbox"/> Y <input type="checkbox"/> N Baptized at Resurrection <input type="checkbox"/> Y <input type="checkbox"/> N If not where: 1st Eucharist <input type="checkbox"/> Y <input type="checkbox"/> N Reconciliation <input type="checkbox"/> Y <input type="checkbox"/> N Confirmation <input type="checkbox"/> Y <input type="checkbox"/> N				
Attended Faith Formation <input type="checkbox"/> Y <input type="checkbox"/> N # of Years? _____ Attended Catholic School <input type="checkbox"/> Y <input type="checkbox"/> N # of Years? _____				
High School Only: Youth Email Address: _____ Youth Cell Phone: _____				
2.				
<i>Sacrament(s) received:</i> Baptism <input type="checkbox"/> Y <input type="checkbox"/> N Baptized at Resurrection <input type="checkbox"/> Y <input type="checkbox"/> N If not where: 1st Eucharist <input type="checkbox"/> Y <input type="checkbox"/> N Reconciliation <input type="checkbox"/> Y <input type="checkbox"/> N Confirmation <input type="checkbox"/> Y <input type="checkbox"/> N				
Attended Faith Formation <input type="checkbox"/> Y <input type="checkbox"/> N # of Years? _____ Attended Catholic School <input type="checkbox"/> Y <input type="checkbox"/> N # of Years? _____				
High School Only: Youth Email Address: _____ Youth Cell Phone: _____				

For **additional children** see reverse side of this form.

Baptismal Certificates are required for all new students.

Address: _____

City: _____ **Zip:** _____

Mother or Guardian: _____

Religion: _____

Home #: _____ **Cell #:** _____

Email: _____

Father or Guardian: _____

Religion: _____

Home #: _____ **Cell #:** _____

Email: _____

Child(ren) Primarily Reside(s) with:

- Both Parents Father Mother
 (In the same home)

GRADES K-8 (Thursday classes, Middle School) (does not include Sacrament Preparation)	
1 Child:	\$85
2 Children:	\$110
3 or More Children:	\$130
Home School option only (discount for additional children)	\$45
SACRAMENT PREPARATION FEES:	
1 st Eucharist & 1st Reconciliation Fee (Texts, Bible, Cross)	\$80
High School Confirmation Fee (per year) (Retreat fees not included) Circle: 1st Year or 2nd Year	\$125
TOTAL:	

FOR OFFICE USE ONLY: date paid: _____ amount: _____ cash/check # _____ credit card

MR PR PDS: CO FO Initialed by: _____

Student's Name (Last, First, Middle)	M/F	Date of Birth	Current School	Grade
3.				
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High School Only: Youth Email Address: _____ Youth Cell Phone: _____				
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High School Only: Youth Email Address: _____ Youth Cell Phone: _____				
5.				
<i>Sacrament(s) received:</i> Baptism <input type="checkbox"/> Y <input type="checkbox"/> N Baptized at Resurrection <input type="checkbox"/> Y <input type="checkbox"/> N If not where: 1st Eucharist <input type="checkbox"/> Y <input type="checkbox"/> N Reconciliation <input type="checkbox"/> Y <input type="checkbox"/> N Confirmation <input type="checkbox"/> Y <input type="checkbox"/> N				
Attended Faith Formation <input type="checkbox"/> Y <input type="checkbox"/> N # of Years? _____ Attended Catholic School <input type="checkbox"/> Y <input type="checkbox"/> N # of Years? _____				
High School Only: Youth Email Address: _____ Youth Cell Phone: _____				

Important Dates:

- **Thursday, September 21** from 3:45—5:00 pm **Faith Formation for K-5 1st Meeting**
- **Thursday, September 21** at 7:30 pm via Zoom: **High School Confirmation (Year 1 & 2) Orientation Meeting** for Parents & Youth
- **Sunday, October 1** after 10:15 am mass **First Eucharist Parent/Child Meeting**
- **Sunday, October 1** at 11:30 am 1st **Middle School Meeting** (grades 6-8)
- **Sunday, October 1** from 10:15 am mass—1:30 pm **Confirmation 2nd Year 1st Meeting**
- **Sunday, October 15** from 10:15 am mass—1:00 pm **Confirmation 1st Year 1st Meeting**



Permission to Release Photographs 2023 - 2024

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, social media, 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, social media, brochures or other publications.

I do not authorize or give my permission for the Diocese of Monterey to use any photos taken of myself or my children in any newspaper articles, videos, websites, social media, brochures or other publications.

Print Name

SIGNATURE

Parent/Guardian or Leader

Participant(s)

Resurrection Church

Aptos, CA

Parish / School

City

Date: _____

Diocese of Monterey
Department of Youth and Young Adults Ministries
485 Church Street, Monterey CA 93940
831 373-1335

**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 2023 – June 2024
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:** _____

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: _____		
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. <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"/>		
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: _____		