

# HOW TO REGISTER

You must register at the Religious Education Office. *You may not register through the Rectory office*

Registration forms are available online to print out, at the front Church Rectory, and back in the R.E office.

## PRE-REGISTRATION (begins August 6th, limited hours)

Come to the Religious Education office located behind the school in the Parish Center.

Hours will be:

AUGUST							SEPTEMBER						
S	M	T	W	TH	F	S	S	M	T	W	TH	F	S
			1	2	3	4							1
5	6	7	8	9	10	11	2	3 Labor Day	4	5 4:30-7:30pm	6	7	8
12	13	14 12-3pm	15	16	17 2-5pm	18	9	10	11	12 4:30-7:30pm	13	14	15 9-11pm
19 1-5pm	20	21 4:30-7:30pm	22	23	24 4:30-7:30pm	25	16	17	18	19 Classes begin	20	21	22
26 Reg Day in the hall after all masses	27	28	29 4:30-7pm	30	31		23	24	25	26	27	28	29
							30						

### REGISTRATION DAY IS SUNDAY AUGUST 26TH!

We will be in the Parish Hall after all Sunday masses

(this is your best chance at registering. Class space fills quickly, then closes)

### CLASSES BEGIN WEDNESDAY, SEPTEMBER 19TH 6-7:15 PM

No more registration accepted after September 15th!

At that point you will need to *call before Wednesday night class (after 3:30pm)*

To see if there is still room to come and register before class that night

### Please have the following when you come to register:

- Complete the Registration Form
- Child's baptism certificate (we can make a copy here)
- Registration fee

registration fee is:

- \$80 for all Year 1 students, and for those students returning who have already received the sacraments.
- \$110 for all Year 2 students who will be receiving the sacraments in May (this includes a \$30 communion retreat fee)

### ALL FEES ARE DUE AT TIME OF REGISTRATION!

We accept checks and cash (please have exact amount, as we don't have change in the R.E office)

WE DO NOT ACCEPT CREDIT OR DEBIT CARDS AT THIS TIME

Wednesdays 6-7:15 pm (English)

Saturdays 9-10:15 am (Bilingual)

ST RAPHAEL'S RELIGIOUS EDUCATION PROGRAM  
REGISTRATION FORM (2018-2019)

Student Name: \_\_\_\_\_  
(Last) (First) (Middle)

Age of Student: \_\_\_\_\_ Grade: \_\_\_\_\_ Gender: Male Female

Name of School Attending \_\_\_\_\_

Birthplace of Student: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
City, State (& Country if outside US) MM/DD/YY

Has the Child been baptized? Yes No

Needs the Sacraments of 1<sup>st</sup> Reconciliation & Communion Yes No

Home Address: \_\_\_\_\_  
(Street) (City) (Zip Code)

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

Home Phone: \_\_\_\_\_ Mom Cell: \_\_\_\_\_

Dad Cell: \_\_\_\_\_

Father's Name: \_\_\_\_\_  
(Last) (First)

Mother's Name: \_\_\_\_\_ Maiden Name: \_\_\_\_\_  
(Last) (First)

Student Lives with: \_\_\_\_\_  
(check one) Both parents Mother Father Other

Parish Where Registered: \_\_\_\_\_

Parent's Religion: \_\_\_\_\_  
Mother Father

## ST RAPHAEL'S RELIGIOUS EDUCATION PROGRAM

Student Name: \_\_\_\_\_  
(Last) (First) (Middle)

Medical Precautions/Allergies/Special Needs: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Persons authorized to be notified in case of an emergency or to pick up my child in the absence of the parents:**

NAME	RELATIONSHIP TO CHILD	HOME PHONE	CELL PHONE

I, the parent (guardian) of the above named child, hereby, give my permission for his/her participation in the Religious Education and Youth Ministry Programs of St. Raphael's Parish. I agree to direct my child to cooperate and conform with directions and instructions of Parish, School, or Archdiocesan personnel responsible for youth activities.

I agree that in the event my child is injured as a result of his/her participation in the above named program or youth activities including transportation to and from these activities, whether or not caused by the negligence (active or passive) of the Parish, School, or Archdiocesan youth activity program, or any of its agents or employees, recourse for the payment of any resulting 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 my spouse.

I am not aware of any medical condition of my child which would render it inappropriate for him/her to participate in any such activity of this program.

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 understand that if it becomes necessary due to disruptive behavior, that I may be asked by Religious Education personnel, to attend class with my child on a weekly basis. No harmful or dangerous behavior will be tolerated.

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

PAID \$ \_\_\_\_\_ CASH \_\_\_\_\_ CHECK \_\_\_\_\_ # \_\_\_\_\_ EXEMPT \_\_\_\_\_

RETREAT FEE PAID \_\_\_\_\_ (if applicable) BALANCE OWED \$ \_\_\_\_\_

VIRTUS "Teaching Touching Safety" Children's Program  
Archdiocese of Los Angeles  
"Permission Form"

TO: Parent & Guardians

FROM: St. Raphael Religious Education Program

SUBJECT: Opportunity to allow your child to participate in the *Teaching Touching Safety* program

DATE: August 2018

St. Raphael Religious Education Program will present a sexual abuse prevention program, the *Teaching Touching Safety* program, to our students this 2018/2019 school year. The creators of the *Protecting God's Children™* program developed the *Teaching Touching Safety* program. This program is provided to us by the Archdiocese of Los Angeles, and is a part of our ongoing effort to help create and maintain a safe environment for children and to protect all children from sexual abuse.

Please complete the "Permission form" at the bottom of this page. As a parent, you have the right to choose whether your student participates. An opt out form is available on request. If you have questions about the program, please contact Karen Froelicher - Religious Ed Coordinator at 967-1641 ext. 3.

For more information on the *Touching Safety* program, visit the VIRTUS Online™ website at [www.virtus.org](http://www.virtus.org).

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Permission form for use with the *Teaching Touching Safety* program:

I understand that my child will participate in the Protecting God's Children "Teaching Touching Safety Program". I am specifically requesting that St. Raphael Religious Education Program present the *Teaching Touching Safety* program to my child whose name is:

Student's Name \_\_\_\_\_ Grade \_\_\_\_\_

Parent or Guardian Signature: \_\_\_\_\_

Parent or Guardian Name (printed): \_\_\_\_\_

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

PARENT/GUARDIAN RELEASE FOR STUDENT OR MINOR  
(NONCOMMERCIAL)

This section to be completed by the Archdiocesan entity (school/parish/ACC) sponsoring the activity ("Location"):

Name of Location: St. Raphael Church  
The Location intends to use your child's image, name, voice and/or work for noncommercial purposes relating to the event(s) or activity(ies) identified below.

Description of events/activities to which this Release applies:  
website, bulletin

Duration of Release: from 2018 [insert date] to open [insert date]

This section to be completed by Parent/Guardian:

I, \_\_\_\_\_ am the parent/guardian of \_\_\_\_\_, a minor.

I hereby authorize the Location to use the following personal information about my child:  
(Please initial the applicable boxes)

Image: yes no Voice: yes no Name: yes no Work: yes no

I understand and agree that my child's image, voice, name and/or work ("Personal Information") relating to the events or activities described above will be used for noncommercial purposes, including, but not limited to, publicity, exhibits, electronic media broadcasts or research. I understand and agree that my child's Personal Information may be copied, edited and distributed by the Location in publications, catalogues, brochures, books, yearbooks, magazines, exhibits, films, videotapes, CDs, DVDs, email messages, websites, or any other form now known or later developed ("Materials").

The Location may use the Personal Information at its sole discretion, with or without my child's name or with a fictitious name, and with accurate or fictitious biographical material. The Location 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. In exchange for the opportunity given to my child by the Location to participate in the activity, I agree that neither I, nor my child, will receive monetary compensation, royalties or credit. I understand and agree that the Location shall be the owner of all right, title and interest, including copyright, in the photographs, electronic recordings and Materials. If the Location intends to use the Materials for a commercial purpose, I will be provided at that time with 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 the Location and its affiliated entities, employees, agents, contractors and any other person, organization, or entity assisting them with the photography, electronic recording or Materials, for damages 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 the Location. However, my new authorization will not have the effect of revoking this Authorization, and the Location 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: \_\_\_\_\_

Telephone: \_\_\_\_\_ Cellphone/Email: \_\_\_\_\_

Name of Child: \_\_\_\_\_ Age: \_\_\_\_\_

