

St. Thomas Aquinas Church – Office of Religious Education  
Registration 2018-2019

Child's Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home phone number: \_\_\_\_\_ City/State of child's birth \_\_\_\_\_

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

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

Check mark Sacraments that have been received: Baptism \_\_\_\_\_ Penance \_\_\_\_\_ Eucharist \_\_\_\_\_

Did child attend Religious Education last year \_\_\_\_\_ Where? \_\_\_\_\_

Father's name: \_\_\_\_\_ Religion: \_\_\_\_\_

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

Mother's name/maiden name: \_\_\_\_\_ Religion: \_\_\_\_\_

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

Child's School and Grade: \_\_\_\_\_

I am willing to help as: (please circle)

Catechist   Class Aide   Clerical-Office   During Mass - Lector   Music   Usher   Eucharistic Minister

Parent's signature: \_\_\_\_\_

**This signed registration form and a copy of the candidate's Baptismal certificate must be turned in at the time of registration.**

**The yearly registration fees are:**

<i>\$30.00 Pre-K and Kindergarten</i>	<i>Continuing after First Communion – Grades 3 - 5</i>	<i>\$30.00</i>
<i>\$50.00 First Communion Year I</i>	<i>Jr. High Youth Group - Grades 6 – 8</i>	<i>\$30.00</i>
<i>\$95.00 First Communion Year II</i>		

**FOR OFFICE USE ONLY:**

Amount paid: \_\_\_\_\_ Payment Arrangements: \_\_\_\_\_ YR \_\_\_\_\_  
Check/cash receipt#: \_\_\_\_\_ (attached) Catechist \_\_\_\_\_  
Date: \_\_\_\_\_ Session: \_\_\_\_\_  
Balance due: \_\_\_\_\_ Room: \_\_\_\_\_

Baptism certificate received \_\_\_\_\_ Church: \_\_\_\_\_

Place of Birth: \_\_\_\_\_ Date of Baptism: \_\_\_\_\_

Address/City/State/Zip \_\_\_\_\_

Date Received: \_\_\_\_\_ Book \_\_\_\_\_ Page \_\_\_\_\_



# Minor Permission & Waiver Form

ARCHDIOCESE OF LOS ANGELES + ST. THOMAS AQUINAS CHURCH, OJAI



Participant's Name: \_\_\_\_\_

I, the parent ("guardian") of the above named child, hereby give my permission for his/her participation in the youth activities sponsored by St. Thomas Aquinas Church. This includes but is not limited to activities on-site at St. Thomas Aquinas Church.

I agree to direct my child to cooperate and conform to the directions and instructions of parish, school, archdiocesan personnel, or volunteers responsible for parish activities.

**Liability Release:** As a condition of my child being allowed to participate in parish events, through this document I hereby release and discharge the Archdiocese of Los Angeles, its constituent organizations (including but not limited to the Roman Catholic Archbishop of Los Angeles, a Corporation Sole, St. Thomas Aquinas Church, and their officers, employees, and volunteers) and the Province of St. Augustine from any and all claims for personal injuries or property damage that he/she may suffer as a result of his/her participation in any parish activity or event, whether or not such injuries or damages are caused by negligence (active or passive) of any of the entities or individuals named or described above.

**Medical Treatment:** I give permission to the parish supervisory personnel and volunteers to seek medical treatment should it be necessary for my son/daughter and authorize any and all appropriate tests and treatment deemed necessary by the attending physician in the case of medical emergency. This authority is granted only after a reasonable effort has been made to reach me.

**Photo Release:** I hereby authorize the making and publication of photographs, videotapes, recordings, or other memorializing on the STAC website, Facebook, printed materials and/or advertising, showing the ministries within the life of the church of an official or unofficial STAC parish event. I therefore waive any right to compensation from said photographs and give my permission without restriction and without my further inspection or approval.

Parent/Guardian's Name: \_\_\_\_\_

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

Mobile Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

*In case of an Emergency and I cannot be reached please contact:* \_\_\_\_\_

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

*I authorize the Office of Religious Education to release my child to the person I have listed above.*

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Special Food Requirements/ Allergies/ Medical Problems: \_\_\_\_\_

### For each agreement, please mark with yes or no

<p><input type="checkbox"/> I will help my child develop a strong faith commitment by attending Mass regularly at least 2 times per month.</p> <p><input type="checkbox"/> <b>I will teach my child the required prayers.</b></p> <p><input type="checkbox"/> I will attend the 2 required parent meetings.</p> <p><input type="checkbox"/> I understand that only 2 absences are allowed and that poor attendance may result in repeating the year.</p> <p><input type="checkbox"/> I will call the office if my child will be absent or arrive late.</p> <p><input type="checkbox"/> I will pay the fees for the program.</p> <p><input type="checkbox"/> I have received a calendar for classes 2018-2019.</p> <p><input type="checkbox"/> I have received the <i>Promise to Protect – Pledge to Heal</i> brochure.</p>	<p><input type="checkbox"/> I will attend the Family Classes, and I understand the consequence that my child may have to repeat the year if I do not attend.</p> <p><input type="checkbox"/> My child may watch movies rated PG-13 and below.</p> <p><input type="checkbox"/> My child may participate in supervised events at STAC.</p> <p><input type="checkbox"/> I will check the parish bulletin, website, and Facebook for upcoming events to participate in.</p> <p><input type="checkbox"/> My child has my permission to leave STAC without parental pickup by means of walking, bike riding, or carpool.</p> <p><input type="checkbox"/> I am committed to fulfill these requirements.</p> <p><input type="checkbox"/> I have read and understand the commitment I am undertaking.</p>
--	--