

RCIA FOR CHILDREN FOR 2021-2022

one registration form for each student

St. Peter & St. Paul Registration #: _____ (*found on offertory envelope*)

PLEASE PRINT ALL REQUESTED INFORMATION

Provide a copy of your child's birth certificate

CHILD'S FULL NAME _____ Male Female

What school grade will child be in Fall of 2021? _____

BIRTHDATE _____ / _____ / _____ **PLACE OF BIRTH** _____

How many years of Religious Education has he/she received? _____ (Do not include Kindergarten)

Any Health/Behavioral Problems: (*learning/medical/emotional*)? _____

Father's Full Name: _____ **Father's Cell # :**() _____

Mother's Full Name: _____ **Mother's Cell # :**() _____

Mother's Maiden Name: _____

Street Address: _____ **City/Zip Code:** _____

Home Phone #: (_____) _____ **E-mail:** _____

Communication from our office will be done by email, phone calls or text to the information in the student's file. If your information changes, please contact the Children's Faith Formation (CFF) Office immediately so your records can be updated.

Has your address and/or phone number changed in the last year? YES / NO

WEDNESDAY 6:00 – 7:30 PM

Annual Registration Fee: \$125 (for one child) \$35 for each additional child

Total \$ _____

-----OFFICE USE ONLY-----

Amount Paid: \$ _____	Receipt #: _____	Cash/Check #: _____	Balance: _____
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Medical Information/Policies 2021-2022

Family Name _____

Student's Full Name information	Date of Birth	Food/Drug Allergies	Critical Medication, blood type & other pertinent medical
_____	_____	_____	_____

Do you authorize the office to transport your child to a doctor in case of emergency? (Initial one) Yes _____ No _____

Does your child have a physical, emotional, or behavioral condition that we should know of? Yes / No
(Examples of physical conditions include permanently impaired hearing, seeing, speaking, movement of any limbs, etc. Emotional conditions include clinically diagnosed depression, bi-polar disorder, general anxiety, or social anxiety, etc. Behavioral conditions include Attention Deficit Disorder (ADD) or Attention Deficit Hyperactivity Disorder (ADHD), Asperger's Syndrome, Tourette Syndrome, etc.)

If yes, please provide important, but basic details regarding your child's condition. If more than one condition exists, please list all that apply under the three categories listed above. If you will soon be or currently are in the process of discovering if a condition does exist for your child, please list any physical, emotional, or behavioral signs/symptoms exhibited.

Does your child receive special education services? Yes / No

If yes, please provide a copy of their I.E.P. Please also provide important but basic details regarding your child's condition.

Family History(optional)

Please answer these questions as honestly and completely as possible. The answers to these questions can help us to best serve your child and you. Often, a child's questions about faith and Catholic teaching come from their experiences in the family. We can better answer their questions if we have prior knowledge about the family's living situation. Please realize these answers will be kept confidential among the staff and will not be released in any way to any parties outside the office.

1. Please indicate your marital status: 0 Single 0 Married 0 Divorced 0 Widowed
2. Please indicate the living situation for your child:
 - My child lives with parents
 - I share joint custody of my child
 - I have sole custody of my child
 - My child lives with other relatives

3. Is your child adopted? Yes/No

CONTINUE ON BACK

**PARENT MEDICAL AND LIABILITY RELEASE STATEMENT
CODE OF CONDUCT and PHOTO RELEASE**

DIOCESE OF SAN BERNARDINO 1201 E. Highland Ave, San Bernardino, CA 92404-4641 (909) 475-5167
CATHOLIC MUTUAL GROUP 2724 Waterman Ave Ste. J, San Bernardino, CA 92404-4641 (909) 886-6001
ST. PETER & ST. PAUL CHURCH 9135 Banyan Street, Alta Loma, CA 91737 (909) 987-9312

Event: RCIA for Children 2021-2022

Location: John Paul II Center, St. Peter & St. Paul Church, 9135 Banyan Street, Alta Loma, CA 91737

Phone: 909-980-9423

(Please Print)

Students Name: _____ Date of Birth ____/____/____

Parent's Name: _____ Phone #: _____ Cell #: _____

Emergency Contact Name: _____ Relationship to student _____

I have informed my child that he/she has permission to be released to the above-named person

Family Physician: _____ Phone #: _____

Insurance Company: _____ Policy No: _____

Allergies/ Medical Problems/ Disabilities _____

Is the participant taking any over the counter or prescriptions drugs?

Please list and print clearly _____ (Use another sheet if necessary)

Please list any Allergies to medication or foods _____

I also understand that in the event medical intervention is necessary, every attempt will be made to contact immediately the persons listed on this form. If I cannot be reached in an emergency during the activity dates shown on this form, I give my permission to the physician or dentist selected by the activity leader to hospitalize, to secure medical treatment and/ order an injection, anesthesia, or surgery for my child as deemed necessary.

I understand all reasonable safety precautions will always be taken by the staff and its agents during the events and activities. I understand the possibility of unforeseen hazards and know there is the inherent possibility or risk. **I agree not to hold, St. Peter & St. Paul Church, its leaders, employees and volunteers liable for damages, losses, diseases, or injuries incurred by the subject of this form.**

I understand that by signing this form I/my child agree(s) to cooperate and participate fully, that I/my child will show respect for the property visited, respect for neighbor, that I/my child will always show respect for the law and practice safety skills. By failing to meet this code of conduct, I/my child am/are aware that appropriate action may be taken, and arrangements may be made for immediate removal from the event.

I hereby authorize the making of photographs, motion pictures, videotapes, recording, or other memorializing of said event and my child's participation therein, and the publication and duplication or other use thereof. I hereby waive any rights to compensation or any right that I otherwise might have to limit if to control such making or use.

By checking this box, I do NOT authorize any photos, videotapes, or recordings of my child.

Parent/Guardian Signature Required

Date

Print Parent/Guardian Name