

CHILDREN'S FAITH FORMATION 1st – 5th Grade

2024-2025 Class Year

TO BETTER SERVE YOUR FAMILY, PLEASE CHOOSE ONE OF THE TWO CLASS OPTIONS:

- OPTION #1: Monday 5:00 pm to 6:15 pm
 OPTION #2: Wednesday 4:00 pm to 5:15 pm

Annual registration fee for one student: \$125; \$35 for each additional student
3rd year sacramental student fee: \$150; \$35 for each additional student

St. Peter & St. Paul Registration #: _____ (Number found on Offertory Envelope)
(If you are not registered, please see our website, stpeterstpaul.com)

Student's Full Name: _____ Gender: M F

Birthday: _____ Grade in 2024/2025 School Year: _____

Health/Behavioral Conditions: (physical, emotional, behavioral)

CFF Level for 2024-2025 (Check one): 1st yr. 2nd yr. Sac Prep yr. (3rd yr.) 4th yr. 5th yr.

Is student Baptized in the Catholic Church?

YES (1st yr. students must provide copy of certificate)

NO (STOP here & contact CFF office)

Has student received their First Holy Communion?

YES (if completed at another parish please provide copy of certificate)

NO

PARENT/GUARDIAN INFORMATION

Parish Registration Name (family last name): _____

Father's/Stepfather/Guardian Name: _____

Email: _____ Cell Phone #: _____

Mother's/Stepmother/Guardian Name: _____

Email: _____ Cell Phone #: _____

Mother's Maiden Name: _____

Relationship of Guardian if other than parent: _____

Street Address: _____

City: _____, State _____, Zip: _____

OFFICE USE ONLY

Date Received: _____ Date Entered _____ Date Entered in PS _____

Inv# _____

Date Rec'd: _____ Amount Paid: \$ _____ Receipt#: _____ Cash/Check#: _____ Balance \$: _____

Date Rec'd: _____ Amount Paid: \$ _____ Receipt#: _____ Cash/Check#: _____ Balance \$: _____

Informational Medical and Family History Form 2024 – 2025

Medical

Family Name _____

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

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: Single Married Divorced Widowed

2. Please indicate the living situation for your child:
 My child lives with parents/Legal Guardians
 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

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: Children's Faith Formation 2024-2025
Location: John Paul II Center, St. Peter & St. Paul Church, 9135 Banyan Street, Alta Loma, CA 91737
Phone: 909-980-9423

Students Name: _____ Date of Birth _____

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

Emergency Contact Name: _____

Emergency Phone #: _____ **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 people 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 their agents during the events and activities. I understand the possibility of unforeseen hazards and know there is an 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 right to compensation or any right that I otherwise might have to limit if to control such making or use. I also hereby authorize my child to participate in an online/virtual course for religious education.

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

EVENT INFORMATION

MEDICAL LIABILITY

CONDUCT

PHOTO/VIRTUAL

PERMISSION

CHILDREN'S FAITH FORMATION RULES!

I agree to go over these rules with my child(ren):

1. I WILL RESPECT OTHERS.

- a. I will listen while others are speaking.
- b. I will use positive words and a positive tone.

2. I WILL STAY ON TASK.

- a. I will stay in my designated area.
- b. I will participate in group discussions and/or activities.
- c. I will stay focused on the material being covered during class.
- d. I will follow the directions of the CFF Coordinator, Catechist, & Room Aid.

3. I WILL KEEP MY HANDS, FEET AND MATERIALS TO MYSELF

- a. I will respect personal boundaries.
- b. I will be courteous to others.

4. PARENTS: I WILL HAVE MY CHILD IN CLASS ON TIME

- a. I understand CFF starts at 5:00pm on Mondays and 4:00pm on Wednesdays.
- b. I understand if my child is going to be late or absent, I need to email imcgaughey@stpeterstpaul.com to inform CFF office.
- c. I understand after 3 absences a meeting will be requested with parents.
- d. **I understand attending Mass on Sundays and other holy days of obligation is part of my child's formation.**

Failure to follow these rules WILL RESULT IN:

1. Receiving a time-out during class time.
2. Being sent to the coordinator to discuss what is going on.
3. Being asked to call your parents to pick you up and meet with the coordinator.
4. In special circumstances in which the behavior is extremely detrimental to others or is illegal, you will be removed from the program.

Child's Full Name:

I have read and discussed the rules for CFF with my child.

Parent/Guardian's Signature

Date