

Order of Christian Initiation for Children (OCIC)

Parent Information Letter

Dear Parents and Guardians,

We are happy to welcome you as you begin the process of enrolling your child in the Order of Christian Initiation for Children (OCIC). This is a beautiful and faith-filled journey for your child as they grow in their relationship with God and prepare to receive the sacraments of Baptism, Confirmation, and Eucharist.

Who is the OCIC Program for?

This program is designed for children age 7 or older who:

- Have never been baptized
- Were baptized in a non-Catholic faith

Program Commitment

This journey is more than just classroom instruction. It involves:

- Weekly attendance at OCIC sessions
- Participation in Sunday Mass
- Family involvement in special rites and events
- Openness to learning and growing in faith as a family

Required Documents

- Parish registration (also known as your Env. #)
- Copy of your child's birth certificate
- **Registration will not be accepted without either one of these items.**

Parent Involvement

Parents are an essential part of a child's formation in faith. You will be invited to:

- Attend certain sessions
- Take part in liturgical rites
- Support your child at home in prayer and practice

Program Calendar and Registration

- Due to limited space, early registration is recommended.
A full schedule of session dates and important events will be sent out before classes start.

We are grateful to be part of your child's spiritual journey and look forward to walking with your family as you grow in faith together.

If you have any questions, please contact us using the information below.

With blessings,

Irma McGaughey

CFF Administrative Assistant

St. Peter & St. Paul Catholic Church

imcgaughey@stpeterstpaul.com

Order of Christian Initiation for Children (OCIC)

2025-2026

Meets on Wednesdays 4:00pm-5:15pm

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

St. Peter & St. Paul Registration #: _____ (found on offertory envelope)
You must be a registered parishioner.

PLEASE PRINT ALL REQUESTED INFORMATION

Please provide a copy of Child's Birth Certificate (registration will not be accepted without it)

CHILD'S FULL LEGAL NAME _____

_____ Male _____ Female

DATE OF BIRTH _____/_____/_____ Age _____ Grade in school (2025-2026): _____

CITY/STATE OF BIRTH _____

RCIA Level for 2025-2026(Circle one): 1st yr./ 2nd yr./ 3rd yr.

Health/Behavioral Condition: *(physical, emotional, or behavioral)* _____

Circle Relationship with child: Father/Stepfather /Guardian

Father's Full Legal Name: _____ Religion: _____

Best way to contact: Cell Phone: _____ Email: _____

Circle Relationship with child: Mother/ Stepmother/Guardian

Mother's Full Legal Name: _____ Religion: _____

Mother's Maiden Name _____

Best way to contact: Cell Phone: _____ Email: _____

Relationship to Guardian if other than Parent: _____

Address: _____

City _____ State _____ Zip _____

Has your child received the sacrament of Baptism: Yes/No

If yes, date: _____ Religion: _____

Church of baptism: _____ City & State: _____

if previously baptized, provide copy of baptism certificate

Total \$ _____

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

Amount Paid: \$ _____ Receipt #: _____ Cash/Check #: _____ Balance: _____

Amount Paid: \$ _____ Receipt #: _____ Cash/Check #: _____ Balance: _____

Medical Information/Policies 2025-2026

Family Name _____

Student's Full Name information	Date of Birth	Food/Drug Allergies	Critical Medication, blood type & other pertinent medical
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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 ensure 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 me and my spouse (married)
- My child lives with me sometimes and my ex-spouse sometimes (divorced, joint custody)
- My child lives with me only (single or divorced, sole custody).
- My child lives with other relatives.

3. Is your child adopted? Yes/No Is your child aware that he/she is 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: RCIA for Children 2025-2026
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: _____ Phone # _____

Relationship with 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 agrees 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 also hereby authorize my child to participate in an online/virtual course for religious education.

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

CHILDREN'S RCIA 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 RCIA starts at 4:00pm on Wednesdays.
- b. I understand if my child is going to be late or absent, I need to inform the office by emailing imcgaughey@stpeterstpaul.com
- 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.
- e. I understand my child attending dismissal during Mass twice a month (dates to be announce), is part of my child's RCIA curriculum.

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 RCIA with my child.

Parent/Guardian's Signature

Date