

# CHILDREN'S FAITH FORMATION

## Adaptive Formation Classes 2026-2027

Please be sure to complete all forms, and to print clearly.  
**INCOMPLETE REGISTRATIONS WILL NOT BE TAKEN.**

Mondays  
5:00pm-6:00pm

### NO FEE FOR THIS CLASS

St. Peter & St. Paul Registration #: \_\_\_\_\_ (Number found on Offertory Envelope)  
(If you are not registered in the Parish, please do so on our website, [stpeterstpaul.com](http://stpeterstpaul.com))

Student's Full Name: \_\_\_\_\_ Gender: M / F

City & State of Birth: \_\_\_\_\_

Current Age: \_\_\_\_\_ Birthday: \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade in School: \_\_\_\_\_ (2026/2027 School Year)

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

CFF Level for 2026-2027 (circle one): 1<sup>st</sup> Year 2<sup>nd</sup> Year 3<sup>rd</sup> Year 4<sup>th</sup> Year 5<sup>th</sup> Year

Physical, emotional, or behavioral condition that we should know of \_\_\_\_\_

Sacraments received in the Catholic Church: Baptism\_\_\_\_ Reconciliation\_\_\_\_ Communion\_\_\_\_  
(new students please provide copy of Baptism certificate)

### \*\*\*PARENT/GUARDIAN INFORMATION\*\*\*\*

Father's Full Name: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Mother's Full Name: \_\_\_\_\_

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

Maiden Name \_\_\_\_\_

Whom does child live with: \_\_\_ Both Parents \_\_\_ Mother \_\_\_ Father \_\_\_ Guardian

Relationship of Guardian if other than parents: \_\_\_\_\_

[Please use the QR code to join St. Peter & St. Paul's Flocknote so you don't miss any important CFF information](#)



### OFFICE USE ONLY

Date Received: \_\_\_\_\_ Bapt. Cert. \_\_\_\_\_ Date Entered in PS \_\_\_\_\_

# Informational Medical and Family History Form 2026 – 2027

## 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 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 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

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 INFORMATION

**Event: Children's Faith Formation 2026-2027**

**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** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

**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.**

MEDICAL LIABILITY

CONDUCT

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.

PHOTO/VIRTUAL

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.

PERMISSION

\_\_\_\_\_  
Parent/Guardian Signature Required

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Parent/Guardian Name