

ST. PETER & ST PAUL

CHILDREN'S FAITH FORMATION 2026-2027

1ST-5TH GRADE

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

- | | |
|--|----------------|
| <input type="checkbox"/> OPTION 1: MONDAY | 5:00PM-6:15PM |
| <input type="checkbox"/> OPTION 2: WEDNESDAY | 4:00 PM-5:15PM |

PLEASE CHOOSE ONE OF THE TWO CLASS OPTIONS

ANNUAL REGISTRATION FEE FOR ONE STUDENT: \$125
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 in the Parish, please do so on our website, 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): 1st Year 2nd Year 3rd Year 4th Year 5th 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: _____

Mother's Maiden Name _____

Whom does child live with: ___ Both Parents ___ Mother ___ Father ___ Guardian

Relationship of Guardian if other than parents: _____

OFFICE USE ONLY

Date Received: _____ Paid \$ _____ Receipt# _____ Balance\$ _____



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.

- Please indicate your marital status: Single Married Divorced Widowed
- 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.
- 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

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 class is from 5:00-6:15pm on Mondays and 4:00-5:00pm on Wednesdays.
- b. I understand a parent or guardian must sign my child in and out of class.
- c. I understand if my child is going to be late or absent, I need to email imcgaughey@stpeterstpaul.com to inform CFF office.
- d. I understand after 3 absences a meeting will be requested with parents.
- e. **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. **1st offense:** you will have the opportunity to correct behavior
2. **2nd offense:** Being sent to the coordinator to discuss what is going on.
3. **3rd offense:** 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

PLEASE READ ALL OF THE FOLLOWING INFORMATION **BEFORE** FILLING OUT THE REGISTRATION FORM.

2026/2027 Registration for New CFF Students (1st-5th grade)

Begins July 1-Aug. 1, 2026

- You must be fully registered at St. Peter & St. Paul and include your registration number (found on your offertory envelopes) to register your child in class. Registrations will not be processed without parish registration #. If you are not registered, please use this link to register: <https://stpeterstpaul.com/parish-registration>
- A Baptism certificate for all new students must be submitted along with the registration. Registrations will not be accepted without them. If you need a copy of your child's certificate, please contact the church of baptism. If your child was baptized at St. Peter & St. Paul, please contact the parish office 909-987-9312 to request a new certificate.
- Classes are scheduled to begin the week of Sept. 21, 2026
- We offer two sessions, Mondays at 5pm-6:15pm and Wednesdays at 4pm-5:15 pm. To better serve your family, please choose one of the two class options. Please be aware that the day/time you choose is not guaranteed. We will do our best to meet your request.
- Once your child is enrolled, we will email you verifying your child's class day and time. You can also keep up to date with announcements through Flocknote (<https://spspaltaloma.flocknotecom/login>) and Sunday bulletins.
- **An important part of your child's faith formation is attending mass on Sundays and Holy Days of Obligation.**

We are delighted to walk this spiritual journey with you and your family. If you have any questions, please do not hesitate to contact

Irma McGaughey at imcgaughey@stpeterstpaul.com