

# 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 in 6<sup>th</sup>-12<sup>th</sup> grade 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

**Middle/High School annual registration fee  
for one child: \$125; \$35 for each additional child**

**TUESDAYS 5:30pm-6:30pm**

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 (2026-2027): \_\_\_\_\_

CITY/STATE OF BIRTH \_\_\_\_\_

RCIA Level for 2026-2027(Circle one): 1<sup>st</sup> yr./ 2<sup>nd</sup> yr./ 3rd yr.

Health/Behavioral Condition: (physical, emotional, or behavioral) \_\_\_\_\_

Circle Relationship with child: Father/Stepfather /Guardian

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

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

Circle Relationship with child: Mother/ Stepmother/Guardian

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

Mother's Maiden Name \_\_\_\_\_

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 2026-2027**

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.

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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.

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#### 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 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: \_\_\_\_\_ 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/ or 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