PLEASE ATTACH
A CURRENT
STUDENT PICTURE

The EDGE Registration form: 2026-2027

PLEASE PRINT ALL REQUESTED INFORMATION:

St. Peter & St. Paul Registration #:_____(Found on Offertory Envelope)

1st Child's Full Name:_____**Gender**: M / F

Birthday:___/___/____ **Grade in Sept. 2026**: _____

How many years of Religious Education has he/she received? _____

Is he/she Baptized in the Catholic Church? Y / N Has he/she received 1st Holy Communion? Y / N

Will he/she be attending Sacramental Prep classes? (Preparing to make their 1st Confession/Communion) Y / N

Special Needs? _____

If registering a 2nd Child, Full Name:_____**Gender**: M / F

Birthday:___/___/____ **Grade in Sept. 2026**_____

How many years of Religious Education has he/she received? _____

Is he/she baptized in the Catholic Church? Y / N Has he/she received 1st Holy Communion? Y / N

Will he/she be attending Sacramental Prep classes? (Preparing to make their 1st Confession/Communion) Y / N

Special Needs? _____

Father's Full Name: _____ **E-mail:**_____

Mother's Full Name: _____ **E-mail:** _____

Address:_____**City:**_____**State**_____**ZIP**_____

Home Phone #: (____)_____

Cell Phone #: Father (_____)_____**Cell Phone # Mother (_____)**_____

I am interested in volunteering as a Core Team member.* **Y / N**

*If you answer "yes" to the above, you will be contacted via phone to discuss the possibility of volunteering. A mutual decision will be made after initial conversation.

I would like to minister to *The EDGE* by providing food support. ^ **Y / N**

^ If you answered "yes" to the above, you will be asked to provide food for various events/classes during the year.

I would like to sponsor a middle school youth at *The EDGE:* $10___$20_____$30_____OTHER_____

PARENT(S) PLEASE SIGN TO CONFIRM TIME:

X_____ **EDGE NIGHTS - Mondays 5:00pm-6:30pm**

Parents Married? YES / NO **To each other? YES / No**

EDGE does not have a registration fee and runs solely on donations!

*****Please see our wish list at the end of this packet*****

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

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

Informational Medical and Family History Form 2026-2027

Medical

Family (Last) Name_____**Home Phone Number** _____

Student(s)'s Full Name	Date of Birth	Food/Drug Allergies	Critical Medication, blood type & other pertinent medical information
1._____	_____	_____	_____
2. _____	_____	_____	_____

Do you authorize the office to transport your child(ren) to a doctor in case of emergency? (Initial one) Yes_____No _____

Does your child(ren):
1. Have a **physical, emotional** or **behavioral** condition we should know about? 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(ren)'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.

_____

_____

_____

2. 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
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.

1. Please indicate your marital status: ☐ Single ☐ Married ☐ Divorced, but not re-married ☐ Divorced and re-married

2. Please indicate the living situation for your child(ren):
   - ☐ 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

3a. Is/are your child(ren) adopted? ☐ Yes ☐ No 3b. Is your child(ren) aware that he/she is adopted? ☐ Yes ☐ No

4. If yes to number 3a, please answer the following two questions:
   -Is one of your child's parents a biological parent? ☐ Yes ☐ No
   -If yes, which parent? ☐ Mother ☐ Father

I verify that all the above information is correct and up to date, as far as I know. I understand that St. Peter & St. Paul Youth Ministry staff will keep this information confidential except when needed to attend to the medical and/or pastoral needs of my child. In such a case, this confidential information will be shared only with the necessary parties (doctors for medical information, priests or supervisors for pastoral needs).

Parent Signature X_____Date _____

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 Catholic Church, 9135 Banyan St, Alta Loma, CA 91737, 909-987-9312

EVENT INFORMATION

Event: EDGE 2026-2027

Location: John Paul II Center, St. Peter & St. Paul Church
9135 Banyan St., Alta Loma, CA 91737

****Please check one:**
☐ Adult (18 and older)
☐ Youth (under 18)

Phone: 909-987-9312 Ext. 1203

Date & Time of Activity: Mondays 5:00pm–6:30pm

MEDICAL LIABILITY

(Please Print)
Participant(s)'s Name(s):_____ Date(s) of Birth____/____/____

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

Emergency Contact Name:_____ Phone #: _____

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 persons listed on this form. If I cannot be reached in an emergency during the activity dates shown on this from, 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 be taken at all times by the Youth & Young Adult Minister (909-987-9312 Ext. 1203) and its agents during the events and activities. I understand the possibility of unforeseen hazards and know there is the 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.**

CONDUCT

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 show respect for the law and practice safety skills at all times. 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

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.

PERMISSION

_____ _____
Parent/Guardian Signature Required Date
(For Minors under 18)

_____ _____
Signature of Participant Required Date
(Youth or Adult)

***EDGE* Rules!**

DURING *EDGE* CLASSES I AGREE TO THE FOLLOWING:

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 *EDGE* Class
d. I will follow the directions of the youth ministers and core team members.

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

a. I will respect personal boundaries.
b. I will take turns and be courteous to others.

4. I WILL ARRIVE TO *EDGE* CLASS ON TIME.

a. I understand *The EDGE* starts at 5:00 p.m. on Mondays unless otherwise noted.
b. I will try to be at *The EDGE* 10 minutes early, so we can start on time!
c. I understand that I cannot sign myself in, and must be brought up by an adult.

Failure to follow these rules WILL RESULT IN:

1. Receiving a time-out during an *EDGE* session.
2. Being sent to the *EDGE* minister for verbal discipline.
3. Being asked to call your parents and being sent home for the evening.
4. *In special circumstances in which the behavior is extremely detrimental to others or is illegal, being removed from the program.

Middle School Youth's Signature Date

I have read and discussed the rules for *The EDGE* with my middle school youth.

Parent/Guardian's Signature Date

PLEASE RETURN WITH YOUR REGISTRATION

PLEASE REMOVE FROM PACKET AND KEEP FOR YOUR RECORDS

EDGE Rules & Contact Information!

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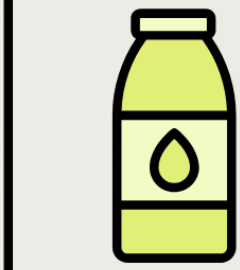
* Youth & Young Adult Minister – Melissa Acosta
m.acosta@sbdiocese.org **Phone:** 909-987-9312 Ext. 1203

*Coordinator of Confirmation – Rick Bzdok
rbzdok@sbdiocese.org **Phone:** 909-987-9312 Ext. 1202

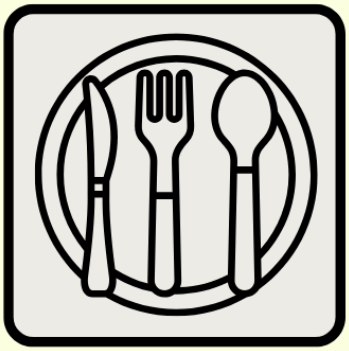
DONATE TO EDGE TODAY!



WISH LIST

WE ARE ALWAYS IN NEED OF WEEKLY SNAKCS AND DRINKS!

MOST OF OUR ITEMS ARE PURCHASED FROM TARGET, WALMART AND SMART & FINAL.



THANK YOU FOR DONATING TOWARDS OUR EDGE MIDDLE SCHOOL YOUTH MINISTRY.

EDGE 2026

IMPORTANT DATES

AUG 31	PARENT MEETING 5 PM
KICK-OFF 5PM	SEPT 21
OCT 24	TRUNK - OR - TREAT
PARISH MISSION	NOV 30 - DEC 3

FOR MORE INFORMATION CONTACT
MELISSA ACOSTA M.ACOSTA@SBDIOCESE.ORG