



**PLEASE NOTE: This page has two separate signature lines. Please read and complete each area carefully !!**

### FEES

Fees cover the cost of registration, insurance, student textbooks and all materials used in class. A separate "Sacrament Fee" will apply to second year 1<sup>st</sup> Communion, Confirmation and RCIC students who will make sacraments during the year. This fee helps offset the additional costs associated with those celebrations and their documentation.

Please make checks payable to: **St. Lorenzo Ruiz.**

	By Sept. 18th	After September 19 <sup>th</sup>
1 student in family	\$110	\$145
2 students in family	\$160	\$200
3 or more in family	\$210	\$250
Sacrament Fee *	\$ 35*	\$ 35*

\*(Applies to 2<sup>nd</sup> year 1<sup>st</sup> Communion, Confirmation and Christian Initiation students only)



While payment is requested at registration, no one will be turned away because of the inability to pay. If a hardship exists, please contact the Coordinator for options or alternatives.

### EMERGENCY CONTACT AND PICK UP APPROVAL INFORMATION

(Names **MUST** be individuals **other than parents** we can call if neither parent can be reached! These individuals will be allowed to pick up children during or after class. **Please list the names of ALL those who may pick up your children!**)

**Emergency Contact 1** \_\_\_\_\_  
 Name (not a parent) & relationship \_\_\_\_\_ Home / work phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**Emergency Contact 2** \_\_\_\_\_  
 Name (not a parent) & relationship \_\_\_\_\_ Home / work phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**Others allowed to pick up:** \_\_\_\_\_

**Family Doctor:** \_\_\_\_\_  
 Name \_\_\_\_\_ Phone \_\_\_\_\_

**Consent for treatment:** Should it become necessary for my child to have medical treatment, I hereby give the Child Faith Formation personnel at St. Lorenzo Ruiz Parish permission to use judgment in obtaining medical service for my child(ren), and I give permission to the physician selected by the parish personnel to render medical treatment deemed necessary and appropriate by the physician.

Parent / Guardian Signature **X** \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

### PROTECTING OUR CHILDREN

The Archdiocese of Los Angeles is committed to compliance with the U.S. Bishops' Charter for the Protection of Children and Young People. Article 12 of the Charter mandates that "each diocese establish and maintain a Safe Environment Program for children and youth." In light of this, the **VIRTUS Teaching Touching Safety Program for Children** and the **EmpowerKids What Tadoo** programs were adopted and approved by the Archdiocese of Los Angeles.

St. Lorenzo Ruiz Catholic Community will present one of the approved sexual abuse prevention programs to our students as a part of our ongoing effort to help create and maintain a safe environment for children and to protect all children from sexual abuse.

**This program is mandated for ALL ENROLLED CHILDREN – EVERY YEAR, not just once.**

We encourage all parents to read **Protecting God's Children - Teaching Touching Safety, A Guide for Parents, Guardians, and Other Caring Adults**, which is available in both the Parish and Faith Formation Offices. This document will also be distributed to parents at the 2020/2021. Parent Meeting to be held on **September**. During this meeting you will have the opportunity to review the programs and materials and ask any questions you may have. As a parent, you have the right to choose whether your student participates. Please complete the form below for your child to participate in the 2020/2021 program.

I give my permission for my child to participate in the Protecting God's Children "Touching Safety Program" OR the EmpowerKids What Tadoo Program. I am specifically requesting the St. Lorenzo Ruiz Catholic Parish Community Confirmation Program to present one of the above described safety programs to my child whose name is:

Please print child / teen name here \_\_\_\_\_

Parent / Guardian Signature **X** \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Please print your name \_\_\_\_\_

*If you have any questions about the program or wish to teach your own child, please contact the Confirmation Office.*

### PHOTO RELEASE

#### Parent Authorization, Consent and Release

The undersigned parent hereby authorizes and consents that St. Lorenzo Ruiz Catholic Parish Community be permitted to use and publish for publicity purposes, the name and likeness of my child \_\_\_\_\_ or for any other lawful purpose whatsoever, including electronic media.

The undersigned parent does hereby release St. Lorenzo Ruiz Catholic Parish Community from any liability in connection with such use.

The undersigned parent acknowledges having read this release, having had the opportunity to consider and understand its terms and does hereby execute it voluntarily and with knowledge of its significance.

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

Please print your name \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

### CONFIRMATION PARENT MEETING(s)

(please select one date below to attend)

**MONDAY, SEPTEMBER 21st, 2019**  
**7PM VIA ZOOM (link will be emailed)**

**MONDAY, SEPTEMBER 28th, 2019**  
**7PM VIA ZOOM (link will be emailed)**

