ST. LORENZO RUIZ CATHOLIC PARISH COMMUNITY

CONFIRMATION REGISTRATION 2020-2021

Please complete an individual form for each child to be registered. A separate form is required for the Religious Education Program

STUDENT INFO	DRMATION				/ Age: Sept 2020:
Last Name	First Name	(Nickname)	Middle Name	Child is: Male / F New / R	emale eturning student
Student Cell Phone		Student Email Address		_	
YES NO SACRAM	IENT RECEPTION (certificate copies need to be submi	tted only once for sacrament)			
	1 (official certificate copy is required)	,			
Recond					
	nmunion (official certificate copy is required)				
	ANSWER EACH QUESTION: Your confidential resp	oonses help us serve your child well	and form balanced, effecti	ve classes.	
	ur child been identified as ADD or ADHD? ur child been diagnosed on the autism spectrum?				
	our child have learning disabilities? Please specify.				
	our child have asthma? Do they carry an inhaler?				
	our child have food allergies? Please specify.				
What of	ther allergies, medical conditions, disabilities or spec	ial needs does your child have?			
FAMILY INFOR St. Lorenzo Parish		mplete your Parish Registrati	on in the Parish Office	e to obtain envelope	# & your Zone #)
TATILK	Last Name	First Name			Religion
	Address	City		State	ZIP
	Home phone	Work phone			Cell Phone
MOTUED	Email address				Primary language
MOTHER	Last Name	First Name			Religion
	Address	City		State	ZIP
	Home phone	Work phone			Cell Phone
	Email address				Primary language
CUSTODY: Child	lives with (circle one): Both Parents in same	home / Shared custody in sep	parate homes / Mother	r only / Father only /	, ,
* <u>Does a non-custodia</u>	I parent have legally restricted access to th	ne child? YES / NO (If yes	s, please provide currer	nt copies of court orde	rs for the child's protection)
Father signature: X _		Mother signa	ture: X		
PLEA	SE TURN OVER AND CO	MPLETE THE BA(CK OF THE F	ORM! THAN	IK YOU!

OFFICE USE	ONLY	Ī		
TOTAL FEE	DUE / PLAN	. /		
FEES PAID			AMOUNT	DATE
Registration	cash / ck #			
	cash / ck #			
	cash / ck #			
	cash / ck #			
Sacrament Fe	e cash / ck #			
BAPTISM CE	RTIFICATE RECEIVED			
FIRST COMM	IUNION CERTIFICATE F	REC	EIVED	
NOTES				

Please choose appropriate program and check preferred class meeting time. We will make every attempt to fill your request based on total enrollment, classroom and catechist availability.
CONFIRMATION YEAR ONE □ Tuesday at 7pm □ Wednesday at 7pm
YEAR TWO ☐ Tuesday at 7pm ☐ Wednesday at 7pm
NOTES:

BAPTISM INFORMATION		
Date:		
Church		
Address:		
Mother's Maiden I	ame:	
Godparents:		

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 1st 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 19th	
1 student in family 2 students in family 3 or more in family	\$110 \$160 \$210	\$145 \$200 \$250	Register early and save!
Sacrament Fee * *(Applies to 2 nd year 1 st C	\$ 35*	\$ 35* on and Christian Initiation studer	nts only)

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

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:

			_
Date		_/	
	Date	Date/	Date//

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

EMERGENCY CONTACT AND PICK UP APPROVAL INFORMATION

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

Emergency Contact 1	Name (<u>not</u> a parent) & relationship	Home / work phone	Cell Phone
Emergency Contact 2	Name (not a parent) & relationship	Home / work phone	Cell Phone
Others allowe	ed to pick up:		·
Family Docto	r:		
	Name		Phone
St. Lorenzo Ruiz F	reatment: Should it become necessary for my child to have Parish permission to use judgment in obtaining medical service for or render medical treatment deemed necessary and appropriate b	or my child(ren), and I give per	
Parent / Guardia	an Signature X		Date/

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, 20197PM VIA ZOOM (link will be emailed)
- ☐ MONDAY, SEPTEMBER 28th, 20197PM VIA ZOOM (link will be emailed)