

Church of the Resurrection Catechetical Ministry Program

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2017-2018 New Student Registration Form

Catechetical Ministry Level (K, 1, 2, 3, 4, 5, 6, 7, 8) _____

Grade in School 2016-2017 _____ School _____

Sacraments your child needs to receive this year: Baptism _____ Reconciliation/Communion _____ Confirmation _____

Student's Name: First _____ Middle _____ Last _____
Address _____ City _____ Zip _____ Phone _____

Date of Birth: ____/____/____ Place of Birth: City _____ State _____

Male _____ Female _____ Church of Baptism _____ Baptism Date ____/____/____

I have attached a copy of the Baptism Certificate to Registration Form _____ – **OR** – My child has not been baptized _____

Mother's Name: First _____ Maiden _____ Last _____ Religion _____

Married _____ Separated _____ Divorced _____ Remarried _____ Deceased _____ Single Parent _____

Father's Name: First _____ Middle _____ Last _____ Religion _____

Married _____ Separated _____ Divorced _____ Remarried _____ Deceased _____ Single Parent _____

Has your child attended a different parish Catechetical Ministry Program? Yes / No

If Yes, which parish _____ How many years _____

Has your child attended a Catholic School? Yes / No If Yes, which school _____

1st Reconciliation Yes _____ No _____ Date: Month _____ Year _____

1st Communion Yes _____ No _____ 1st Communion Date ____/____/____ Parish Name/Location _____

Confirmation Yes _____ No _____ Confirmation Date ____/____/____ Parish Name/Location _____

Note: Your family must be registered parishioners at Church of the Resurrection to participate in our Catechetical Ministry Program.

Parental Photo Consent: Church of the Resurrection Catechetical Ministry Program may photograph Catechetical Ministry students in class, at prayer services or socials which may be printed in the church bulletin, Catechetical Ministry or parish newsletter or on the church website for current and future promotional purposes and recognition. The photos will not include the children's names. We would appreciate your permission to use the photographs, which may contain images of your minor child, for that purpose.

I/We, the undersigned parent(s) or guardian(s) of _____, a minor, give permission to Church of the Resurrection to use photographs in any and all promotional materials associated with the Catechetical Ministry Program.

Parent/Guardian signature _____ Date _____

2017 – 2018 Church of the Resurrection Catechetical Ministry Program

EMERGENCY AND HEALTH INFORMATION

**If this information does not apply to all children in your family, please fill out one form per child
Information Must Be Completed**

Family Name _____ Home Phone _____
 Home Street Address _____ City _____ Zip Code _____
 Name of Father/Guardian _____ Work Phone _____ Cell Phone _____
 E-mail address _____ Prefer to contact via e-mail or phone (circle one)
 Name of Mother/Guardian _____ Work Phone _____ Cell Phone _____
 E-mail address _____ Prefer to contact via e-mail or phone (circle one)

If children do not reside with both parents, may either take child home? Yes ___ No ___

Please list all persons (**Other Than Parents**) who are authorized to pick up your child in the event of sickness, a medical emergency, or earthquake/fire disaster:

Name: _____ Relationship _____ Phone _____

Name: _____ Relationship _____ Phone _____

Medical Insurance: Name _____ ID# _____

I understand that Catechetical Ministry does not assume responsibility for payment of a physician in any case. However, in an emergency, Catechetical Ministry may choose a physician. Please indicate: Yes ___ No ___

Name of Doctor _____ Phone _____

Name of Dentist _____ Phone _____

Child's Name & Faith Formation Class	List any drug, food, or other allergies (i.e. bee sting, etc.)	List any chronic illness (asthma, diabetes, heart condition, epilepsy, etc.)	List any medications taken on a regular basis	Please comment on anything else we need to know about your child

CONSENT FOR TREATMENT

I/We the undersigned parents or legal guardian of _____ (list all children above), a minor, do hereby authorize a representative of Resurrection Catechetical Ministry, as agent(s) for the undersigned to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care that is deemed advisable by, and is to be rendered under the general or special supervision of any physician and surgeon licensed under the provisions of the California Medicine Practice Act on the medical staff of an accredited hospital whether such diagnosis or treatment is rendered at the office of said physician or said hospital.

It is understood that this authorization is given in advance of any specific diagnosis treatment or hospital care being required but is given to provide authority and power on the part of the above-mentioned agent(s) to give specific consent to any and all such diagnosis, treatment or hospital care that the above mentioned physician in the exercise of his or her best judgment may deem advisable.

Parent or Legal Guardian Signature _____ Date _____

2017-2018 Fee Schedules

Registration Fees: Please make checks payable to *Church of the Resurrection*

One Child: \$120	Two Children: \$150	Three or More: \$200
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Additional Sacrament Supply Fees apply the year that the Sacrament is celebrated:

First Reconciliation/Communion: \$50

Confirmation: \$75

Your family must be registered parishioners of Church of the Resurrection to participate in our Catechetical Ministry Program.

Number of children registering: _____

Registration Fee: _____

Sacrament Supply Fee: _____

Total Enclosed: _____ Please make check payable to **Church of the Resurrection**

Check Number: _____

*** A copy of the Baptism Certificate must be attached to all new student registration forms.***

Scholarships are available for families needing financial assistance, for more information, please contact the Catechetical Ministry Office.

Please turn in your completed registration form and fee check made payable to *Church of the Resurrection* by June 30, 2016.

Volunteer Sign-Up Form

Hours served count for Service Hours at Resurrection School

Name _____ Phone _____

E-mail _____ Best Way to Contact: ___ E-mail ___ Phone

Address _____ City _____ Zip _____

I am able to volunteer in one or more of the following areas:

_____ Catechetical Ministry Class Catechist / Co-Catechist / Aide / Substitute

✓ Grade Preference _____

_____ Sunday 10 am Mass Children's Liturgy of the Word: Catechist / Aide (circle 1)

_____ Confirmation Program classroom aide / track service hours / coordinate service projects / help at retreat or field trips (circle 1 or more)

_____ Catechetical Ministry Office or Parish Office Helper:

Sunday Morning _____ Weekdays _____

_____ Assist at Catechetical Ministry field trips, workshops, or retreats

_____ Assist at catechist and student prayer services/socials/workshops/meetings

_____ Bake homemade cookies for sacrament celebration receptions or Christmas party

_____ Bring treats for class and program parties, or help serve

_____ What other gifts can you offer for Catechetical Ministry Program: