



HOLY ANGELS PARISH

A Roman Catholic Community

RELIGIOUS EDUCATION REGISTRATION

Please complete an individual form for each child to be registered
(PLEASE COMPLETE BOTH SIDES)

Please circle one:

PRE-K ELEMENTARY MIDDLE SCHOOL CONFIRMATION (YR 1 YR2)

STUDENT NAME <hr/> <div style="display: flex; justify-content: space-between;"> Last First Middle </div> <hr/> Male / Female Birth Date ___/___/___ Grade in School Sept 2017 ___ at ___ school. My child is a (circle one): Returning student (attended classes at Holy Angels) / New student* (if child attended classes at another parish, please provide letter of transfer.) Parish _____ Has your child been baptized? YES* / NO Date: _____ Church _____ City & State _____ Has your child received First Communion? YES* / NO Date: _____ Church _____ City & State _____ *Certificate copies are required at initial registration for all students, including those celebrated at Holy Angels Special Needs: Does your child have special needs, severe allergies, medical conditions or learning disabilities, etc? Please identify the need: _____	PRE-K STUDENTS ONLY Age by Oct 1 _____ Has child attended pre-school or nursery classes? YES / NO Child's personality (i.e., shy, outgoing) _____ Will child be attending kindergarten in September? YES / NO
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FATHER:

Last
First

Home Phone
Work Phone
Cell Phone

MOTHER:

Last
Maiden (required)
First

Home Phone
Work Phone
Cell Phone

E-Mail Address: _____

ADDRESS:

Address/City/State/Zip _____

Child lives with (circle one): Both Parents / Mother / Father / Other _____

Does a non-custodial parent have legally restricted access to the child? YES / NO (If yes, please provide copies of court order for our files and your child's protection.)

SIBLINGS:	Name	Age	Grade	Enrolled in Religious Education?
	_____	_____	_____	YES / NO
	_____	_____	_____	YES / NO
	_____	_____	_____	YES / NO

FEES:

Pre-K- \$55 per child Elementary through Confirmation- \$90 per child
First Communion 2nd yr- \$90 + add'l \$25 per child -
Confirmation 2nd yr retreat add'l -\$150 – non-refundable. 1st Installment \$75 due 12/1/17 2nd Installment \$75 due 2/1/18.

OFFICE USE ONLY:

Fees Paid:

Registration: Cash / Ck #: _____ Amount: _____ Date _____

Sacramental Fee: Cash / Ck #: _____ Amount: _____ Date _____

Retreat Fee: 1st - Cash / Ck #: _____ Amount: _____ Date _____

2nd - Cash / Ck #: _____ Amount: _____ Date _____

Baptism Cert Recd: _____ Baptism Date: _____ Church: _____ City _____

First Com Cert Recd: _____ Father's Name: _____

Mother's Name: _____ Sponsor's Name: _____

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(PLEASE COMPLETE BOTH SIDES)

PLEASE NOTE: This page has THREE separate signature lines. Please read and complete each area.

PHOTO RELEASE:

Parent Authorization, Consent and Release.

The undersigned parent hereby authorizes and consents that Holy Angels Religious Education Staff 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 hereby release Holy Angels Parish and staff from any liability in connection with such use.

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

Parent / Guardian Signature: _____

Please print your name: _____ 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.

Holy Angels will present one of these abuse prevention programs to our students during the year, as part of our ongoing effort to help create and maintain a safe environment for children and protect all children from abuse. This program is presented to ALL CHILDREN in the parish – EVERY YEAR, not just once.

We encourage all parents to read Protecting God's Children – Teaching Touching Safety, A Guide for Parents and Other Caring Adults, which will be distributed at the beginning of the year. You will have the opportunity to review the program and the 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 2017/2018 program.

I understand that the only way my child will be allowed to participate in the Protecting God's Children "Touching Safety Program" or EmpowerKids What Tadoo Programs is with my approval. I am specifically requesting the Holy Angels Religious Education staff present this program to my child.

Please print child / teen name: _____

Parent / Guardian Signature: _____ Date: _____

Please print your name: _____

EMERGENCY CONTACT INFORMATION: (Contacts MUST be individuals other than parents.)

Emergency Contact:

Name	Relationship	Home Phone	Work Phone	Cell Phone
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Emergency Contact:

Name	Relationship	Home Phone	Work Phone	Cell Phone
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Consent for treatment: Should it become necessary for my child to have medical treatment, I hereby give the Religious Education Staff at Holy Angels permission to use judgment in obtaining medical service for my child, 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: _____ Date: _____