



St. John Eudes Religious Education Registration Form 2016-2017

FAMILY LAST NAME _____ **PARENTS' FIRST NAMES** _____

Mailing Address _____

Primary Phone Number _____

Child(ren) live with Both Parents Mother Father Other Guardian (please specify) _____

Emergency Contact Name _____ Emergency Contact Phone _____

Registered Member of St. John Eudes Yes No If no, Registered at _____

FATHER'S INFORMATION

MOTHER'S INFORMATION

Address _____
(if different from above)

Address _____
(if different from above)

Religion _____

Religion _____

Work Phone _____

Work Phone _____

Cell Phone _____

Cell Phone _____

Email Address _____

Email Address _____

Family Email Address _____

(email must be provided to send updates / changes)

STUDENT INFORMATION

Date: _____ **Amount \$** _____

Check # _____ **Classroom:** _____

◆ **CHILD #1 FIRST NAME** _____ **LAST NAME** _____

M **F** **SPECIAL NEEDS*** **Y** **N** **DATE OF BIRTH** (mm/dd/yyyy) _____

School Attending _____ Grade Level in Fall 2016 _____ Baptized? _____

* Indicate on the Medical Release Form any physical, emotional or learning needs that affect your child's classroom experience.

CLASS SESSION PREFERENCE

Please indicate your choice of session for this child. **Do not** request class placement with specific friends. Your selection may be changed due to class availability.

<input type="checkbox"/> Grades 1-5 Tuesday 4:00—5:30 pm	<input type="checkbox"/> Grades 1-5 Wednesday 4:00—5:30 pm	<input type="checkbox"/> Grades 1-5 Sunday 9:00 –10:30 am	<input type="checkbox"/> Grades PK-K Sunday 9:00 - 10:00 am	First Year <input type="checkbox"/>	Second Year <input type="checkbox"/>
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Envelope # _____

STUDENT INFORMATION CONTINUED

◆ CHILD #2 FIRST NAME _____ LAST NAME _____

M F SPECIAL NEEDS* Y N DATE OF BIRTH (mm/dd/yyyy) _____

School Attending _____ Grade Level in Fall 2011 _____ Baptized ? _____

* Indicate on the Medical Release Form any physical, emotional or learning needs that affect your child's classroom experience.

CLASS SESSION PREFERENCE

Please indicate your choice of session for this child. **Do not** request class placement with specific friends. Your selection may be changed due to class availability.

<input type="checkbox"/> Grades 1-5 Tuesday 4:00 -5:30 pm	<input type="checkbox"/> Grades 1-5 Wednesday 4:00-5:30 pm	<input type="checkbox"/> Grades 1-5 Sunday 9:00 -10:30 am	<input type="checkbox"/> Grades PK-K Sunday 9:00 - 10:00 am	First Year <input type="checkbox"/>	Second Year <input type="checkbox"/>
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◆ CHILD #3 FIRST NAME _____ LAST NAME _____

M F SPECIAL NEEDS* Y N DATE OF BIRTH (mm/dd/yyyy) _____

School Attending _____ Grade Level in Fall 2011 _____ Baptized ? _____

* Indicate on the Medical Release Form any physical, emotional or learning needs that affect your child's classroom experience.

CLASS SESSION PREFERENCE

Please indicate your choice of session for this child. **Do not** request class placement with specific friends. Your selection may be changed due to class availability.

<input type="checkbox"/> Grades 1-5 Tuesday 4:00 -5:30 pm	<input type="checkbox"/> Grades 1-5 Wednesday 4:00-5:30 pm	<input type="checkbox"/> Grades 1-5 Sunday 9:00 -10:30 am	<input type="checkbox"/> Grades PK-K Sunday 9:00 - 10:00 am	First Year <input type="checkbox"/>	Second Year <input type="checkbox"/>
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◆ CHILD #4 FIRST NAME _____ LAST NAME _____

◆
 M F SPECIAL NEEDS* Y N DATE OF BIRTH (mm/dd/yyyy) _____

School Attending _____ Grade Level in Fall 2011 _____ Baptized ? _____

* Indicate on the Medical Release Form any physical, emotional or learning needs that affect your child's classroom experience.

CLASS SESSION PREFERENCE

Please indicate your choice of session for this child. **Do not** request class placement with specific friends. Your selection may be changed due to class availability.

<input type="checkbox"/> Grades 1-5 Tuesday 4:00-5:30 pm	<input type="checkbox"/> Grades 1-5 Wednesday 4:00-5:30 pm	<input type="checkbox"/> Grades 1-5 Sunday 9:00 -10:30 am	<input type="checkbox"/> Grades PK-K Sunday 9:00 - 10:00 am	First Year <input type="checkbox"/>	Second Year <input type="checkbox"/>
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St. John Eudes Religious Education & Youth Ministry
Medical Release & Earthquake Information
Form 2016-2017

ONE MEDICAL RELEASE FORM MUST BE FILLED OUT FOR EACH CHILD ENROLLED IN THE PROGRAM(S).

As a parent and/or guardian, I authorize the treatment by a qualified and licensed medical doctor of the following minor in case of medical emergency, that in the opinion of the attending physician, may endanger her or his life, cause disfigurement, physical impairment or undue discomfort if delayed. This authority is granted after a reasonable effort has been made to reach me.

Please fill in the following information and sign where indicated:

NAME OF MINOR _____	ADDRESS _____
PHONE NUMBER _____	RELATIONSHIP TO YOU _____
PHYSICIAN NAME _____	PHONE NUMBER _____
INSURANCE COMPANY _____	GROUP NUMBER _____
DENTIST'S NAME _____	PHONE NUMBER _____

List specific medical allergies, chronic illnesses, learning disabilities or other health or learning issues that may affect classroom behavior:

This release form is for the duration of the Religious Education and Youth Ministry classes, September 2011 through May 2012. I have completed this form and signed of my own free will with the sole purpose of authorizing medical treatment, under emergency circumstances, in my absence

Signed _____ Date _____

IMPORTANT: You must notify the Religious Education Office immediately if any of the above information should change at any time. (i.e. change of physician, dentist, medical condition, or concerns)

PHOTO OPT-OUT

Occasionally we publish photos of Religious Education and Youth Ministry students on our website, newsletters or church bulletin. Names of the students are never used. If you **DO NOT** wish your child's photograph used, please indicate below.

I **DO NOT** give permission for photo release of the student listed above.

Signed _____





St. John Eudes Religious Education & Youth Ministry

Medical Release & Earthquake Information Form 2016-2017 cont.

In the event of a major earthquake or disaster, your child will be held on the parish grounds and only be released to you (the parent/guardian) or those adults you list below.

NAME OF MINOR _____

NAME _____

ADDRESS _____

PHONE _____

NAME _____

ADDRESS _____

PHONE _____

NAME _____

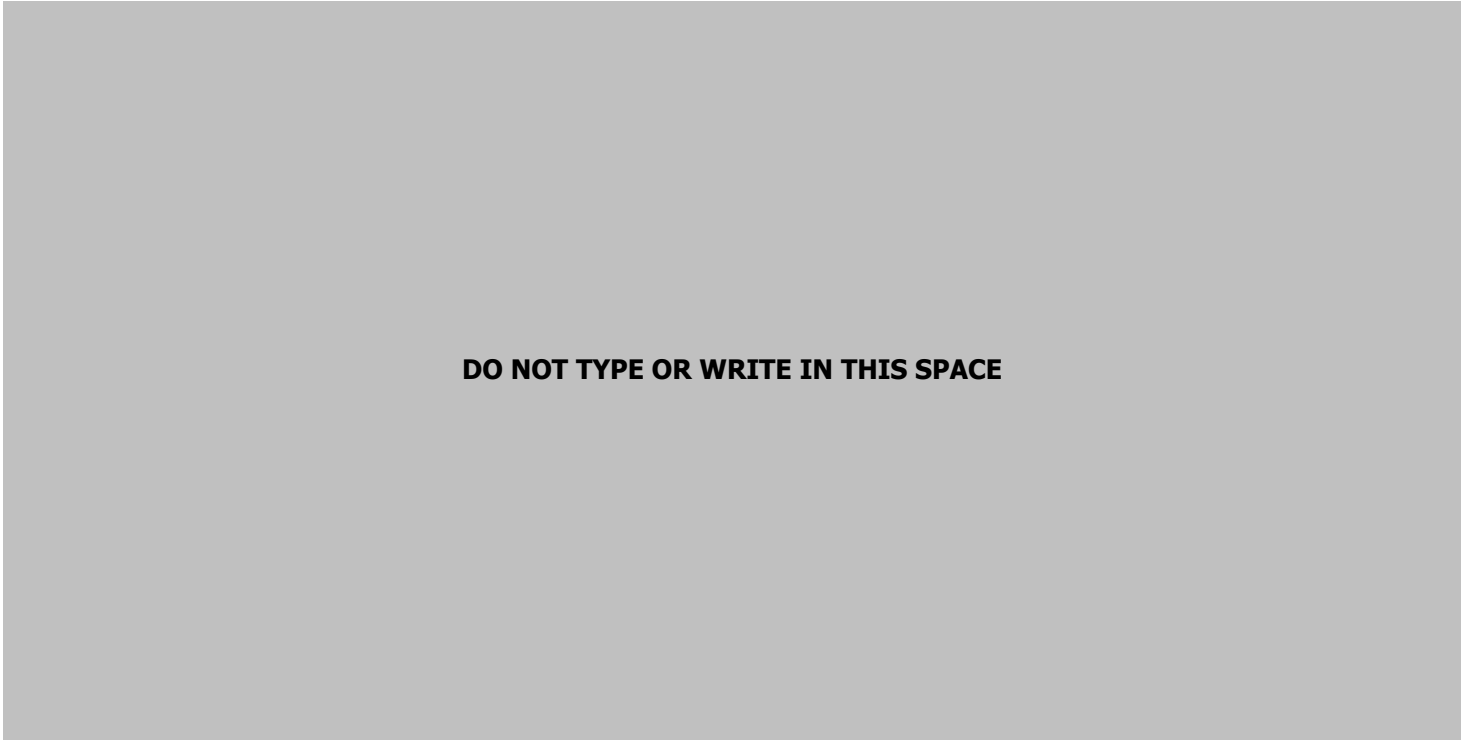
ADDRESS _____

PHONE _____

I hereby give consent for the adults listed above to take my child into their custody in the event of an emergency, if I am unable to do so. I have notified each of them regarding this permission.

Signed _____

FOR OFFICE USE ONLY		
Child picked up?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Date _____	Time _____	
By _____		
Child picked up?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Date _____	Time _____	
By _____		



DO NOT TYPE OR WRITE IN THIS SPACE



St. John Eudes Religious Education & Youth Ministry
Sacramental Record 2016-2017

ONE SACRAMENTAL RECORD MUST BE FILLED OUT FOR EACH CHILD ENROLLED IN THE PROGRAM(S).

Student's Name _____ Date of Birth (mm/dd/yyyy) _____

DATE OF BAPTISM* (mm/dd/yyyy) _____

PARISH BAPTIZED* (Church Name, City, State and/or Country) _____

***required information**

A photocopy of the Baptismal Certificate is required for students baptized outside of SJE for our files. Please send Baptismal Certificate copy with registration materials if this applies to your child.

Has your child completed previous grades of Religious Education **Y** **N**
If so, what grade levels? _____ Parish Name? _____

Has your child attended a Catholic Elementary prior to enrollment in our programs? **Y** **N**
If so, what grade levels? _____ Parish/School Name? _____



Payment plan

DATE:	AMOUNT \$
_____	_____
DATE:	AMOUNT \$
_____	_____
DATE:	AMOUNT \$
_____	_____



St. John Eudes Religious Education & Youth Ministry
Parent Volunteer Requirement Options

WE NEED YOU! Religious Education and Youth Ministries are cooperative programs of volunteers helping families educate their children in faith. With hundreds of children enrolled, each family is expected to help in some way. Please review the options and descriptions below and indicate your desired involvement. Each team is known by their patron saint and we hope it will help you on your journey to sainthood.

Choose one or many of the Volunteer Options below by selecting the box and adding your name beside the description.

St. Charles Borromeo Team

Catechist Name: _____
 Share your words - the Word of God, that is. No experience necessary.
 All materials and training provided.

Substitute Catechist Name: _____
 Priceless in a pinch - no experience necessary.
 Materials provided.

Weekly Classroom Assistant Name: _____
 Our goal is to teach in teams of two! You help the main catechist
 in sharing God's word - no experience necessary.

St. Gabriel Team

Office Assistant Name: _____
 If you like to organize we could use your help messengers!
 Help coordinate mailings and emails.

St. Matthew Team

Fundraising Assistance Name: _____
 Help us make these programs even better!

St. Martha Team

General Hospitality Name: _____
 Helping at various events by bringing goodies or serving them.

Confirmation Reception Name: _____
 We ask our Year 1 Parents to help the newly confirmed celebrate!

First Reconciliation Hospitality Name: _____
 Experience the grace of forgiveness with our children
 and have some sweets afterwards!

Trunk or Treat Name: _____
 Bring goodies to share in the hall or decorate your car
 and share with all the little angels!

Guardian Angels

Prayer Warriors Name: _____
 Guardian angels are our prayer warriors who we ask to pray for
 specific events or causes our children are participating in.

DO NOT TYPE OR WRITE IN THIS SPACE



St. John Eudes Religious Education & Youth Ministry

Schedule of Fees and Registration Checklist

REGISTRATION DEADLINE IS August 25, 2016. As you fill out your registration forms, please take into careful consideration all sporting events and other conflicting programs that may interfere with Religious Education. **Changing times and days after your registration is received in our office will result in a \$25 fee per child.**

FEES 2016-2017

1 Child **\$85** _____

2 Children **\$170** _____

3 or more children **\$255** _____

⇒ **Retreat Fee** **\$40** _____
(if child(ren) are enrolled in Sacramental prep for Holy Communion or Confirmation per family)

Are you a registered and active parishioner of SJE? **Yes** **No**
(This will be confirmed from parish records or provide envelope number)

⇒ **Non-parishioner Fee** **\$50** _____
(in addition to above fees per family)

TOTAL AMOUNT NOW DUE _____

Please add all appropriate fees listed above and enclose one check. Registration will not be processed until forms and proper payments are received. If you need to make payment arrangements please contact us to work out a payment plan.

REGISTRATION CHECK LIST

- Registration Form
- Medical Release & Emergency & Earthquake Form (one per child)
- Sacramental Record Form (one per child)
- Parent Volunteer Options
- Payment (make checks payable to St. John Eudes Church)
- Commitment letter

Please make sure you read over the Program Policies and Procedures applicable to all your children enrolled in Religious Formation. We appreciate your cooperation; thank you for sharing our faith with your children! Return all paperwork as soon as possible - **August 25th is the deadline.**

Mail paperwork and payment to:

St. John Eudes • Attn: Children’s Ministry or Youth Ministry • 9901 Mason Ave • Chatsworth, CA 91311

Or

Drop off paperwork and payment at the Ministry Center or Parish office in the Rectory during business hours.

Children’s Ministry Coordinator • Tish Byrne • tbyrne@stjohneudes.org • 818-882-9323
Youth Ministry Coordinator • Brian Pena • bprena@stjohneudes.org • 818-882-9355
RCIA Youth Coordinator • Molly Gaines • molly@stjohneudes.org • 818-341-3680 ext. 121
Spanish Religious Education Coordinator • Sr. Guadalupe • 818-882-9323



St. John Eudes Parish

Family Commitment 2016-2017

The Catholic Church, states that “parent above others are obliged to form their children in the faith and practice of Christian life by work and example”. Our parish recognizes and affirms parents in their role as the primary catechists of their children. As your children were baptized, parents and godparents made a commitment to see that their child or godchild would be raised in the Catholic Faith. That is not a simple or necessarily easy task. We know that families are so very busy, so we want to help you bring discipleship into your family’s daily routine.

SPIRITUAL

In additional to attending weekly Mass and on Holy Days of Obligation, we ask that your family commit to forming yourself in the faith and helping your child(ren) experience the beauty, goodness, and truth of the Church. As a Religious Ed family you are committing to growing spiritually this year as a family:

Attend all Sacramental Preparation Parent meetings and retreats
Attend once-a-month a mass dedicated to the First Communion kids.
Pray as a family at home (before meals, rosary, and other devotions)
Enroll in Automatic Giving or signed up for parish envelopes to be handed in each month
Parents are required to fulfill 12 hours of Volunteer time: can be in class, carnival, retreats

Optional:

Donate Snacks, help with office/parking lot needs for trunk or treat or Sponsor a child to attend Religious Education or Vacation Bible School.. Help with Fundraising Events for the parish

Our stewardship theme this year is based on Mark 12:44...the Widow's Mite. The widow in the gospel puts two little coins into the temple treasury--she doesn't give out of her surplus; she gives out of her need and want. She gives first and doesn't question her own needs until later. Does this take generosity on her part? Yes, but it is more than that; it takes faith...trust in God that He will provide her with all she needs. We at SJE asked that you give generously each month.

PLEASE NOTE: At SJE we do not have the parents or Godparents process up with their child for his/her reception of the Holy Eucharist

AGREED & ACCEPTED BY:

Print name: _____

Email Address: _____

Signature: _____