



St. John Eudes Religious Education
Registration Form 2017-2018

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

Mailing Address _____

Primary Phone Number _____

Children 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

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

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

School Attending _____ Grade Level in Fall 2017 _____ 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"/> EDGE Tuesday 6:30— 8:00 pm	First Year <input type="checkbox"/>	Second Year <input type="checkbox"/>
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Date: _____ **Amount \$** _____

Check # _____ **Classroom:** _____

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 2017 _____ 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"/> EDGE 11yrs-13yrs Tuesday 6:30–8:00 pm	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 2017 _____ 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"/> EDGE 11yrs—13yrs Tuesday 6:30- 8:00 pm	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 2017 _____ 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"/> EDGE 11yrs—13yrs Tuesday 6:30– 8:00 pm	First Year <input type="checkbox"/>	Second Year <input type="checkbox"/>
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Medical Release & Earthquake Information Form 2017-2018

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 2017 through May 2018. 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 2017-2018 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 _____

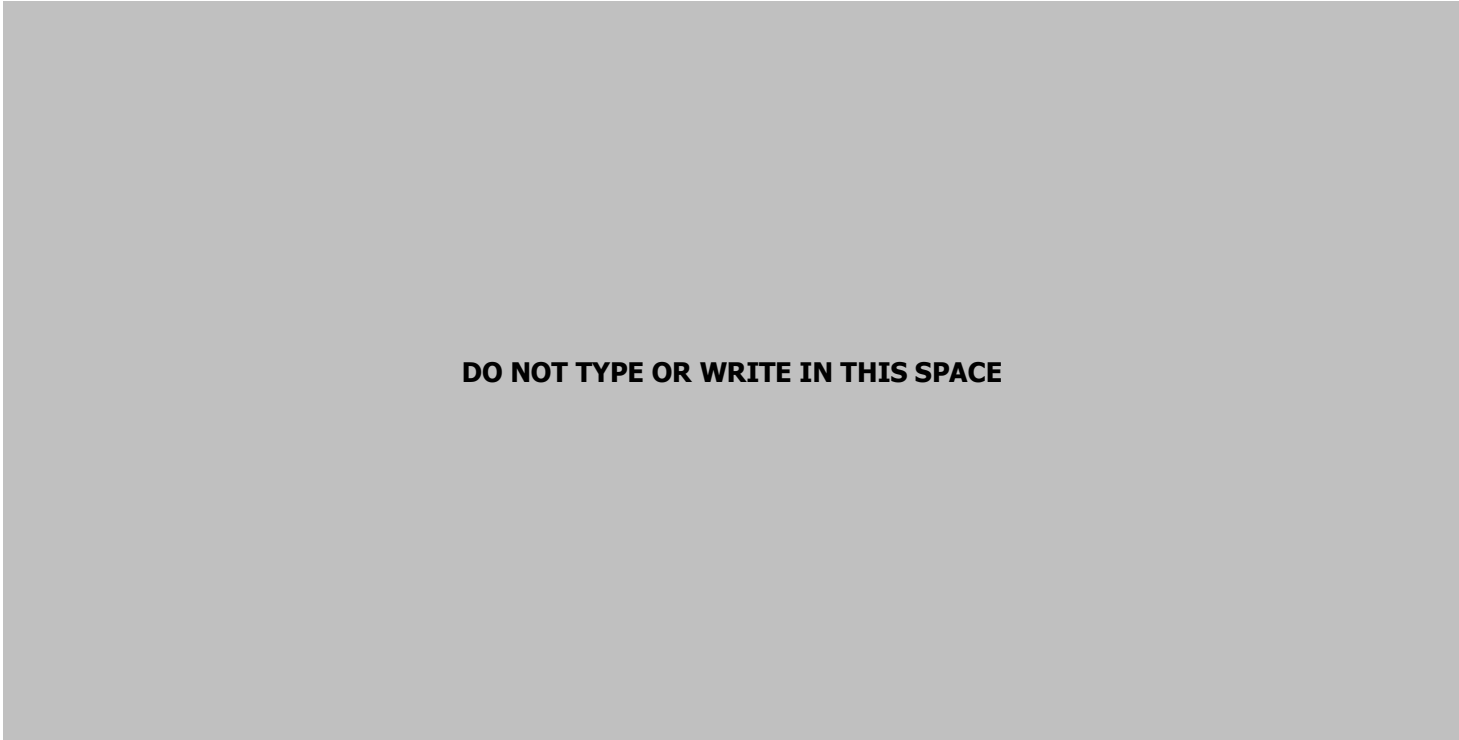
ADDRESS _____

PHONE _____

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 _____		

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 _____



DO NOT TYPE OR WRITE IN THIS SPACE



Sacramental Record 2017-2018

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 \$



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

Name: _____

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

Name: _____

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

Name: _____

St. Gabriel Team

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

Name: _____

St. Matthew Team

Fundraising Assistance
Help us make these programs even better!

Name: _____

St. Martha Team

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

Name: _____

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

Name: _____

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

Name: _____

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

Name: _____

Guardian Angels

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

Name: _____

DO NOT TYPE OR WRITE IN THIS SPACE



Schedule of Fees and Registration Checklist

REGISTRATION DEADLINE IS August 27, 2017. 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. In addition to any registration after the deadline will result with a \$25 late fee.**

FEES 2017-2018

- 1 Child** **\$85** _____
- 2 Children** **\$170** _____
- 3 or more children** **\$255** _____
- ⇒ **Retreat Fee** **\$40** _____
(If your child is 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.

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 . **Please note full tuition payment are due at registration and registration fees are not refundable.** If you need to make payment arrangements please contact us to work out a payment plan before the classes starts.

Mail paperwork and payment to:

St. John Eudes • Attn: Children's 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. Office hours are Monday—Friday 8:00 am—6:00 pm

For any additional information or questions please feel free to contact:
Children's Ministry Coordinator • Nancy Sayward nsayward@sjeparish.net • 818-882-9323



St. John Eudes Parish

Family Commitment 2017-2018

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 children 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
- Fees must be paid in full at the time of registration.
- Attend once-a-month Children’s Mass at our parish designed for kids.
- Parents and Students are require to attend Mass once a week Saturday or Sunday
- 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: _____