



SAINT TIMOTHY CATHOLIC CHURCH

29102 CROWN VALLEY PARKWAY, LAGUNA NIGUEL, CA 92677-1861

CGS Tuition
Fees: \$150 per family
(1-2 children)
\$200 per family
(3+ children)
If you have already
registered another child
for Traditional Faith
Formation classes there
is no additional cost for
CGS

2023-2024 - Catechesis of the Good Shepherd Registration Form

- Español:* Por favor marque si desea recibir informacion para padres en español.
 Spanish: Please check if you would like to receive parental information in Spanish.

PLEASE PRINT.

Primary Email Address _____

Yes No Are you currently registered in ANY parish? Parish name _____

Father's/Guardian's Name _____ Religion _____

Address _____ Apt.# _____ City _____ Zip _____

Cell Number: _____

Mother's/Guardian's Name _____ Religion _____

Address Apt.# _____ City _____ Zip _____

Cell Number: _____

CGS Class Selection

First	Child's Legal Name Last	Date of Birth	Pre-K = 3/4 K = 5/6	Please check your preferred class time on Thursdays	
				10AM	4PM

Please attach a copy of your child's Baptismal Certificate if it is not on file at St. Timothy's.

If separated or divorced, do you have sole or shared custody court papers? sole shared

We ask this so that parents may make joint decisions about dates for classes and Sacrament celebrations.

Are you a foster parent to the children you are enrolling? yes no

If you are enrolling adopted children, do you have final court documents? yes no

Any additional comments or concerns:

FOR OFFICE USE ONLY

Total _____ Paid _____ Date received _____ Check # _____ Cash _____

St. Timothy Catholic Community: Office of Faith Formation
29102 Crown Valley Parkway
Laguna Niguel, CA 92677



Minor Permission & Release Form

Location: ON AND OFF CAMPUS - Classes & Events

Dates: September 2022 – June 2023

List ALL Minors' FULL

Names: _____

LOCAL Emergency Contact OTHER THAN PARENT:

Name: _____ **Phone:** _____

Address: _____ **Relationship:** _____

Please initial each line below:

_____ I, the Parent (guardian) of the above named child, hereby give my permission for his/her participation in the above named activities. I agree to direct my child to cooperate and conform with directions and instructions of parish, school or diocesan personnel responsible for these Activities.

_____ As a condition of my child being allowed to do so, I hereby release and discharge the Diocese of Orange, its constituent organizations, including but not limited to The Roman Catholic Bishop of Orange, a Corporation Sole, and their officers, employees and volunteers from any and all claims for personal injuries or property damage that (s)he may suffer as a result of his/her participation in the activity described above, whether or not such injuries or damage are caused by the negligence, active or passive, of any of the entities, individuals named or described above.

_____ I agree that in the event my child is injured as a result of his/her participation in the above named activities, including transportation to and from these activities, whether or not caused by the negligence, active or passive, of the parish, school, or diocesan youth activities program, or any of its agents or employees, recourse for the payment of any resulting hospital, medical, dental treatment or related costs and expenses will be first be had against any accident, hospital, medical or dental insurance, or any available benefit plan of mine or my spouse. I am not aware of any medical condition of my child which would render it inappropriate for him, her to participate in any activity.

_____ **I hereby authorize the making of photographs, motion pictures, website, video tapes, recordings, or other memorializing of said event and my child's participation therein, and the publication and duplication or other use thereof. Although photos and videos may be published, I understand that the children's names are not included. I hereby waive any right to compensation or any right that I otherwise might have to limit or to control such making or use.**

_____ I hereby give permission to the physician, nurse, dentist or licensed care staff selected by the supervisory personnel then present to render medical, dental or other appropriate treatment deemed necessary and appropriate by the physician, nurse, dentist or licensed care staff.

ILLNESS SCREENING

_____ I/we agree to check our own and our above-named minor participant's temperatures before coming to the parish to ensure they are below 100.4 degrees Fahrenheit, observe for symptoms outlined by public health officials, and stay at home if symptoms are present consistent with any virus.

_____ When on campus, I/we and our above-named minor participant agree to wash or sanitize hands upon entering campus, and to not bring or share outside food/drink.

By signing this form, I am stating that I have read this Minor Permission & Release Waiver, I fully understand it, and I voluntarily agree to be bound by its terms. I represent and certify that I am the parent or legal guardian of the minor(s) listed in this registration document.

Parent/Guardian's Signature: _____ **Date:** _____

**St. Timothy Catholic Church
Children's Faith Formation
EMERGENCY INFORMATION**

SESSION: _____

Child's **Legal** Last Name

First Name

Parent's **Legal** Last Name

First Name

CHILD'S Home Address

Parent/Guardian Cell Phone #

LOCAL PERSON OTHER THAN PARENT

CELL PHONE #

OTHER PHONE #

LIST ALL CHILD'S ALLERGIES OR MEDICAL CONDITIONS:

LIST NAMES OF PERSONS TO WHOM YOUR CHILD IS NOT ALLOWED TO BE RELEASED:

Please list names of persons who ARE ALLOWED to pick up your children:

Name

Relationship to Child

The information provided above is for emergency use only.