



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

**Fees: = \$150 per family
Tiny Tims - Grades 1-8**

**Additional fees: Sacramental
Preparation:
(First Reconciliation and
First Communion) = \$ 85
C.A.C. 2 = \$ 50**

**2022-2023
Faith Formation Registration Form**

(949) 495-4126- Faith Formation Office Line

- 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.

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 _____
(write "same" if already listed above)

Cell Number: _____

SACRAMENT INFORMATION

Please attach a copy of your child's Baptism certificate (unless previously submitted).

First	Child's <u>Legal</u> Name Middle	Last	Where did child attend Faith Formation class last year?	CIRCLE Sacraments your child has ALREADY RECEIVED:	
				Catholic Baptism Eucharist	Reconciliation Confirmation
				Catholic Baptism Eucharist	Reconciliation Confirmation
				Catholic Baptism Eucharist	Reconciliation Confirmation
				Catholic Baptism Eucharist	Reconciliation Confirmation

Please complete reverse side >

TINY TIMS (Age 3 years (by September 1) through Kindergarten) – Every other week class on Sundays during the 9 AM Mass & 11 AM Mass. Access to online curriculum and resources. Mark your preferred time.

Child's Legal Name		Sex M/F	Date of Birth	Pre-K = 3/4 K = 5/6	9 AM	11 AM
First	Last					

ELEMENTARY (grades 1st-5th)- Every other week class. Access to online curriculum and resources. Mark your preferred time.

Child's Legal Name		Sex M/F	Date of Birth	Grade in Fall	Tuesday 4-5:30 PM	Tuesday 6-7:30 PM	Wednesday 5:30-7 PM
First	Last						

C.L.U.B. 6-7-8 (Christ Loves Unique Believers) Middle School Program – Every other week class on Fridays from 6-7:30 PM. Access to online curriculum and resources.

Child's Legal Name		Sex M/F	Date of Birth	Grade in Fall
First	Last			

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

Tiny Tims _____ Elementary _____ C.L.U.B. 6-7-8 _____ Reconciliation _____ Eucharist _____ CAC 2 _____

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

Balance _____ Notes _____ Batch _____

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: _____

Cell: _____

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.

COVID-19 PASSIVE & ACTIVE 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 covid-19 or close contact with a person diagnosed with covid-19 has occurred.

_____ 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.

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



**Diocese of Orange Digital
Evangelization Consent & Liability
Release Form**

Parish program(s) are providing digital programming and content for its participants, through which staff will facilitate program activities through online platforms. The program(s) will use software, tools and applications provided by third-parties that participants, parents/legal guardians, volunteers and/or staff will access via the internet and use for purposes of communication and programming and potential content creation. This Form provides your consent and release for your child to participate in the program(s) and utilize these online applications for distance-based, digital program purposes only.

Please be aware that each application collects different information about its users and has its own privacy terms and conditions to which members must adhere and which parish or diocese cannot control or assume responsibility. Please review these carefully before registering your child. Our commitment to keeping the children and youth we serve safe is always our number one priority. To that end, we will actively monitor participant activity. All online activities contemplated hereunder must also comply with the Diocese of Orange Technology Guidelines including the Code of Conduct, Policy Against Sexual Misconduct and the Diocese of Orange IT Policy.

INFORMATION Needed for Learning Platform (MARTHA)

PARENT NAME: _____ PARENT PHONE: _____

PARENT EMAIL (USED FOR USERNAME): _____

I, _____ **Parent(s) or Guardian(s) Name(s)**

grant permission for my child, _____ **Children's Names**

to participate fully in any and all digital evangelization efforts, unless stated otherwise on the previous page. These efforts, events and activities will take place under the guidance and direction of school/parish/diocesan employees and/or volunteers from

_____ **Name of Parish**

Please initial each line below:

_____ I am aware of the Technology Guidelines for the Diocese of Orange, including the Code of Conduct, *Policy Against Sexual Misconduct*.

_____ I understand that I will have access to everything provided to my child and be made aware of how social media is being used, be told how to access the sites, and be given the opportunity to be copied on all material sent to my child via social networking, including text messages.

_____ I authorize and consent to staff or other leaders of the parish to communicate with my child electronically, including via social media, text, email, phone and video conferencing tools (e.g. Zoom) in accordance with the program(s).

_____ I understand, however, that it may not be possible to recall any work, photos or videos that have been published as part of the program(s) prior to receipt of my written rescission.

_____ I have read this Consent and Release Form and have had the opportunity to consider its terms and understand them. I verify that I have read and voluntarily agree to the terms and conditions set out in this Consent and Release Form.

_____ I further hereby hold harmless, release and forever discharge the Diocese of Orange and its employees, agents, licensees and legal representatives from, and shall indemnify them against, all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators or any other person(s) acting on my behalf or on behalf of my estate have or may have by reason of my child's participation in the program(s) and through my authorization, consent and release herein.

By signing this form and filling out my full address and city, I am stating that I have read this Consent and Release Form, 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.

Parent Signature: _____ **Date:** _____

Parent 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.