

**FAITH FORMATION  
REGISTRATION FORM**

**YEAR  
17 / 18**



**Saint Rose of Lima**  
1305 Royal Ave. ~ Simi Valley, CA ~ 93063 ~ 805-526-5513

<b>FEES</b>	
<b>REGISTRATION - A minimum \$25.00 deposit due at time of registration</b>	
PREVIOUS BALANCE	\$ _____
SACRAMENTAL PREPARATION (2nd year First Communion, Confirmation and RCIA)	\$100.00
PRESCHOOL AND CONTINUING FAITH FORMATION	\$80.00
<b>DISCOUNTS (\$10 off for each additional child, 10% off for payment in full at time of registration)</b>	\$ _____
Track 1 ACTIVITIES	\$60.00
Track 2 RETREAT	\$200.00
CONFIRMATION GOWN (T2 ONLY)	\$35.00
LATE FEE*	\$25.00
*(Late fee will be assessed if payment has not been received by the event date or end of the catechetical year)	<b>TOTAL</b> _____
Parent Signature _____	

**FOR OFFICE USE ONLY**

REGISTRATION DATE: \_\_\_\_\_ REGISTERED BY: \_\_\_\_\_

TOTAL DUE _____	BAL FORWARD ↓ _____	BAL FORWARD ↓ _____
AMOUNT PAID _____	AMOUNT PAID _____	AMOUNT PAID _____
NEW BAL _____	NEW BAL _____	NEW BAL _____
DATE PAID _____	DATE PAID _____	DATE PAID _____
CHK # _____	CHK # _____	CHK # _____

TOTAL DUE _____	BAL FORWARD ↓ _____	BAL FORWARD ↓ _____
AMOUNT PAID _____	AMOUNT PAID _____	AMOUNT PAID _____
NEW BAL _____	NEW BAL _____	NEW BAL _____
DATE PAID _____	DATE PAID _____	DATE PAID _____
CHK # _____	CHK # _____	CHK # _____

TOTAL DUE _____	BAL FORWARD ↓ _____	BAL FORWARD ↓ _____
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TOTAL DUE _____	BAL FORWARD ↓ _____	BAL FORWARD ↓ _____
AMOUNT PAID _____	AMOUNT PAID _____	AMOUNT PAID _____
NEW BAL _____	NEW BAL _____	NEW BAL _____
DATE PAID _____	DATE PAID _____	DATE PAID _____
CHK # _____	CHK # _____	CHK # _____

STUDENT'S NAME		Year 1 / 2 of Preparation	Gender M / F	Date of Birth	Grade entering in September
Last _____	First _____	1 / 2			
Allergies/medical conditions we should be aware of:			Baptized	First Comm.	Confirmed
			Y / N	Y / N	Y / N

Day of week: \_\_\_\_\_ Baptismal Cert. Received Y / N

STUDENT'S NAME		Year 1 / 2 of Preparation	Gender M / F	Date of Birth	Grade entering in September
Last _____	First _____	1 / 2			
Allergies/medical conditions we should be aware of:			Baptized	First Comm.	Confirmed
			Y / N	Y / N	Y / N

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## RCIA - RITE OF CHRISTIAN INITIATION

The Rite of Christian Initiation of Adults and Children (RCIA) is the process by which people become full members of the Roman Catholic Church. Full membership in the Catholic Church involves a total formation process, which includes the sacraments of initiation: Baptism, Confirmation and Eucharist. It involves a journey of faith and conversion in which a person is introduced to the beliefs, life, liturgy and apostolic work of the Catholic Community. It also involves coming to know Jesus and His invitation to discipleship.

The RCIA is for those not yet Baptized, those Baptized in other denominations seeking to enter into full communion with the Catholic Church, and for those baptized Catholics who would like to complete their initiation by receiving the Eucharist and Confirmation. The RCIA journey is unique to each individual and the formation process continues until the candidate or catechumen is properly prepared for reception of the Sacraments.

<b>HEAD OF HOUSEHOLD</b>			
DATE OF BIRTH: _____			
LAST NAME: _____		FIRST NAME: _____	GENDER: _____
MAIDEN NAME: _____ <small>(if applicable)</small>		HOME PHONE: _____	CELL PHONE: _____
HOME ADDRESS: _____		CITY: _____	ZIP: _____
E-MAIL: _____		RELIGION: _____	MARRIAGE DATE: _____
MARITAL STATUS (please circle): CATH CHURCH   OTHER CHURCH   CIVIL   NEVER MARRIED   WIDOWED   SEPARATED   DIVORCED			
BAPTIZED CATH? Y / N   CATH 1st COMMUNION? Y / N   CATH CONFIRMATION? Y / N   PROFESSION OF FAITHIN CATH CHURCH? Y / N			

<b>SPOUSE</b>			
DATE OF BIRTH: _____			
LAST NAME: _____		FIRST NAME: _____	GENDER: _____
MAIDEN NAME: _____ <small>(if applicable)</small>		HOME PHONE: _____	CELL PHONE: _____
HOME ADDRESS: _____		CITY: _____	ZIP: _____
E-MAIL: _____		RELIGION: _____	MARRIAGE DATE: _____
MARITAL STATUS (please circle): <u>CATH CHURCH</u> <u>OTHER CHURCH</u> <u>CIVIL</u> <u>NEVER MARRIED</u> <u>WIDOWED</u> <u>SEPARATED</u> <u>DIVORCED</u>			
BAPTIZED CATH? Y / N   CATH 1st COMMUNION? Y / N   CATH CONFIRMATION? Y / N   PROFESSION OF FAITHIN CATH CHURCH? Y / N			

IN ADDITION TO THOSE LISTED ABOVE, PLEASE LIST ALL OTHER EMAILS OR NUMBERS TO BE NOTIFIED:
_____
_____
_____

### AUTHORIZED PEOPLE ALLOWED TO TRANSPORT YOUR CHILDREN

<b>In addition to those listed above, the following people may transport my child(ren) to and from Faith Formation classes or events:</b>			
First Name: _____	Last Name: _____	Home Ph.: _____	Cell Ph.: _____
First Name: _____	Last Name: _____	Home Ph.: _____	Cell Ph.: _____
First Name: _____	Last Name: _____	Home Ph.: _____	Cell Ph.: _____
First Name: _____	Last Name: _____	Home Ph.: _____	Cell Ph.: _____
First Name: _____	Last Name: _____	Home Ph.: _____	Cell Ph.: _____

<b>NON-PARENTAL EMERGENCY CONTACT</b>		
First Name: _____	Last Name: _____	Relationship to Child: _____
Home Phone: _____	Cell Phone: _____	Work Phone: _____

INQUIRER'S NAME	Baptized Catholic?	Baptized other denomination	Received First communion?	Previous years formation	Entering which Grade in September?

## SAFEGUARDING THE CHILDREN TEACHING TOUCHING SAFETY PROGRAM



Saint Rose of Lima Office of Faith Formation will present a sexual abuse prevention program, the Touching Safety program, to our students. The Protecting God's Children™ program developed the Touching Safety program. This program is provided to us by the Archdiocese of Los Angeles, and is a part of our ongoing effort to help create and maintain a safe environment for children and to protect all minors and vulnerable adults from sexual abuse.

The scheduled lesson is being offered to all minors enrolled in a Faith Formation, Sacramental Preparation programs and Youth Ministry program. As a parent, you have the right to choose whether your student participates. If you have questions about the program or the lessons, please contact Sandra Lemos 805-526-5513. If you determine that you DO want your child to participate, please complete the "opt-in" below.

For more information on the Touching Safety program, visit the VIRTUS Online™ website at [www.virtus.org](http://www.virtus.org).

#### **Parental Permission**

I am allowing my child/children to participate in the Protecting God's Children "Touching Safety Program" and am specifically requesting that Saint Rose of Lima Office of Faith Formation present the program to my children currently enrolled in the Faith formation.

**Parent's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

<b>MEDICAL INFORMATION AND PHOTO RELEASE FORM</b>	
<p>Medical Release: In the event of illness or injury, I do hereby consent to whatever x-ray examination, anesthetic, medical, surgical, or dental diagnosis or treatment and hospital care are considered necessary in the best judgment of the attending physician, surgeon, or dentist and performed by or under the supervision of a medical staff or the hospital or facility furnishing medical or dental services. I fully understand that students are to abide by all rules and regulations governing conduct and safety while attending Faith Formation classes and any activities. Any violation of these rules and regulations may result in that individual being removed from the program.</p> <p>Photo Release: I give permission for my child to be photographed and/or videotaped for future promotional materials including web site postings. I do so without expectation of compensation and with the understanding that these photographs and video images will be used exclusively by St. Rose of Lima for its publications, web site, and publicity purposes.</p>	
<b>PARENT/GUARDIAN SIGNATURE:</b> _____ PHYSICIAN PHONE: _____	
INSURANCE CARRIER: _____ POLICY NUMBER: _____	