

Catholic Community of Saint Jude & Our Lady of the Assumption
REGISTRATION FORM: First Communion (FHC) & Confirmation Classes, 2023-2024

Registration Fees: First Communion: \$40 (or \$60 for two or more students living in the same household) CONFIRMATION classes: \$60 per student

1. STUDENT PERSONAL INFORMATION *Print name exactly as it appears on the student's birth certificate*

Last: _____ First: _____ Middle: _____

Birth Date: ____ / ____ /20____ Age: _____ Gender: Male / Female

Elementary or High School Attending: _____ School Grade (in the fall): _____

Our program consists of various levels of Religious Formation. These levels do not always relate to the student's academic grade level

My child is registering for: FHC Year 1 / FHC Year 2 / Confirmation Year 1 / Confirmation Year 2 / Continuing Education

2. SACRAMENT(S) STUDENT HAS RECEIVED

Baptism: Yes / No If yes, Date of Baptism: ____ / ____ /20____

Where received (Name of Church): _____ City/State: _____

First Communion: Yes / No If yes, Date of First Communion: ____ / ____ /20____

Where received (Name of Church): _____ City/State: _____

3. PARENT/GUARDIAN INFORMATION *Print names exactly as it appears on the student's birth certificate*

Father's Name, Last: _____ First: _____ Middle: _____

Mother's Name, Last (*Maiden*): _____ First: _____ Middle: _____

Home Address: _____ City: _____ Zip: _____

4. COMMUNICATION *Text/Email are the primary methods of communication: Teacher-to-Parent*

Cell/Text: _____ Email: _____ Whose cell and email: Father / Mother / Other

5. MEDICAL INFORMATION

Does student take any special medication or have any physical or learning disability? **Yes / No** If yes, briefly explain:

6. PARISHIONER INFORMATION AND MASS PARTICIPATION

Which St Jude or Our Lady of the Assumption Mass time does your family primarily attend? _____

IMPORTANT: You must be a registered parishioner of St Jude/OLA (i.e. regularly attend SJ/OLA Mass) to register for CCD/Confirmation

7. PARENT VOLUNTEER HELP

I would like to volunteer as a Catechist (teacher) or Parent Helper (No experience required!)

Yes! The Director of Religious Education will contact you for next steps.

8. CONSENT/SIGNATURE *By signing, you attest this information is true and accurate*

Signature of Parent who filled out this form: _____ Date: ____ / ____ /20____

Print Name of Parent who filled out this form: _____

Please submit all registration forms to the Saint Jude CCD Office at time of registration

CCD Religious Education email: ccd@stjude-easton.org – Office: (559) 485-3870 - Ext. 104 leave message for Cherie

Diocese of Fresno (DOF) and all Entities of the Diocese of Fresno: Permission for a Minor to Participate in a DOF Activities, Release of Liability, and Consent for Emergency Medical Treatment

Parent / Guardian: In order for your child to attend and/or participate in DOF sponsored events, activities, or sports during this calendar year, you must give your signed permission by completing this ANNUAL form. In addition to this form, you will also be required to sign permission PR21 Event Forms for you child to participate in specific DOF sponsored events, activities and sports conducted off parish grounds

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| NAME OF PARISH OR SCHOOL | NAME OF GROUP |
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I, the undersigned parent or legal guardian, voluntarily wish to give permission for and request that my child be allowed to attend and participate in DOF-sponsored events and activities during this calendar year including those conducted off parish grounds. My child is physically fit and capable of participating in DOF events and activities. I have informed my child to cooperate and conform with the rules, guidelines, and instructions given by DOF personnel or agents, or chaperones, or responsible for DOF events and activities. If requested, I will sign a permission and release PR20 Form for each specific event or activity conducted off DOF grounds. I reserve the right to disallow my child to participate in DOF -sponsored events by notifying the leader in writing.

I understand that participation in this activity involves some risk (including any travel to and from this activity) and that unforeseen occurrences can arise. I am informed and agree that transportation, if involved, may be provided by volunteers, parents, private individuals, or approved commercial operators who are believed to be reliable and insured, but are not under the supervision or control of the Diocese of Fresno.

In exchange for permitting my child to participate in this voluntary activity, I waive and give up all claims (and the right to file a lawsuit) which I or my child (and our successors, heirs, and assigns) may have against DOF. I release and discharge the DOF from all liability or responsibility for death, illness, personal injury, or property damage arising out of DOF activity and any transportation involved with the DOF activities.

In the event of an emergency and if the DOF is unable to contact me, I authorize the DOF personal or other adult leadership of a parish-sponsored event or activity, at my expense, to secure and consent to x-ray examination, medical, dental, or surgical diagnosis, treatment, and hospital care advised and supervised by a duly licensed physician, surgeon, or dentist. I expect to be contacted as soon as possible. I agree that if emergency medical or dental services are required for my child, the DOF will not be responsible to pay for any medical or dental expenses. A copy or digital image of this form shall be valid as the original and may be given to the adult leader of parish-sponsored activities.

This permission, waiver, release, and consent applies to the DOF named, including but not limited to the Diocese of Fresno Education Corporation; the Roman Catholic Bishop of Fresno (a corporate sole); the Diocese of Fresno; other Fresno Diocesan Parishes and Schools; affiliated organizations and officers; clergy; agents; and employees.

This waiver and release form is signed in order for my child to participate in the DOF -sponsored events and activities for my child's own personal enjoyment and benefit and is done so freely with the knowledge of the risk and dangers that are or may be involved.

I authorize any hospital which has provided treatment to the named participant pursuant to the provisions of Family code section 6910 to surrender physical custody of such minor to the DOF representative upon the completion of treatment. This authorization is given pursuant to Health and Safety Code section 1283.

I, the undersigned, have read this release and understand all of its terms. I request that my child be allowed to participate in DOF -sponsored events and activities. I execute this form voluntarily and with full knowledge of its significance. I have discussed the above with my child, and my child is aware of and understands the importance of following all rules set out for these events, activities, or sports. A copy or digital image of this form shall be as valid as the original authorization and may be given to the adult leader of the events, activities, or sports.

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| PRINT NAME OF PARTICIPANT | DATE |
| PRINT NAME OF PARENT / LEGAL GUARDIAN | SIGNATURE OF PARENT / LEGAL GUARDIAN |

Diocese of Fresno (DOF) and all Entities of the Diocese of Fresno : Permission for a Minor to Participate in DOF Activities, Release of Liability, and Consent for Emergency Medical Treatment

The following information is provided for the benefit of the parish in case of an emergency.

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| PRINT NAME OF PARTICIPANT | | DATE OF BIRTH | |
| PRINT NAME OF PARENT / LEGAL GUARDIAN | | PAGER / CELLULAR TELEPHONE NUMBER | |
| DAYTIME TELEPHONE | <input type="checkbox"/> HOME <input type="checkbox"/> WORK | EVENING TELEPHONE | <input type="checkbox"/> HOME <input type="checkbox"/> WORK |
| EMERGENCY CONTACT (OTHER THAN PARENT / GUARDIAN) | | | RELATIONSHIP |
| EMERGENCY CONTACT DAYTIME TELEPHONE | <input type="checkbox"/> HOME <input type="checkbox"/> WORK | EMERGENCY CONTACT EVENING TELEPHONE | <input type="checkbox"/> HOME <input type="checkbox"/> WORK |
| ALLERGIES (FOODS, DRUGS, INSECTS, ETC.) | | | |
| MEDICATIONS (NAME, DOSAGE, TREATMENT) | | | |
| IF ANY MEDICATION IS LISTED: FORMS R18 OR R19 MUST BE COMPLETED AND ATTACHED | | | |
| OTHER INFORMATION | | | |

DOCTOR S / MEDICAL GROUP INFORMATION

FAMILY DOCTOR OR MEDICAL GROUP

DOCTOR'S TELEPHONE

No Family Physician Listed

DENTIST'S NAME OR MEDICAL GROUP

DENTIST'S NAME TELEPHONE

ORTHODONTIST'S NAME OR MEDICAL GROUP

ORTHODONTIST'S NAME TELEPHONE

INSURANCE INFORMATION

INSURANCE COMPANY

POLICY HOLDER'S NAME

INSURANCE GROUP OR ID NUMBER

No insurance Listed

DATE RECEIVED AND BY

Diocese of Fresno (DOF) and Entities of the Diocese of Fresno: Code of Conduct Agreement for Participants under the age of 18 and Non Participating Parents or Guardians

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| NAME OF PARISH OR SCHOOL | NAME OF GROUP |
| NAME OF EVENT | 2023-2024 Parish / School <i>(Use Event Form for Individual Activities or Events)</i> |

In order to participate in any youth activities sponsored by DOF, all youth participants, under the age of 18, and a parent or legal guardian must sign that they have read and agree to the following:

PARTICIPANT AGREEMENT (under the age of 18):

I agree to politely obey the requests and directions of the adult leaders.

I agree to stay with my assigned group or buddy at all times.

I agree to participate in the approved activities at all times.

I agree to dress appropriately at all times.

If the event involves an overnight stay, I agree to stay in my assigned room and observe the bedtime and quiet hours schedule until group activities begin the next day unless otherwise directed by an adult leader.

I agree to be on time to activities and will observe all check-in rules.

I agree to treat others with respect and will not engage in behavior that reflects poorly on me or the group which includes, but not limited to: stealing, swearing, fighting, being physically or verbally abusive, being dishonest, damaging property, threatening others, or engaging in disruptive behavior.

I agree not to participate in hazing, teasing, bullying, or similar activities.

I agree not to engage in any illegal activities including, but not limited to: smoking, using drugs, gambling, possession of tobacco, drugs, or any weapons.

As a participant, I will take responsibility for my actions and understand that I will be sent home if I do not comply with this Code of Conduct to the satisfaction of the adult leaders.

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| PRINT NAME OF PARTICIPANT | SIGNATURE OF PARTICIPANT |
|------------------------------|-----------------------------|

PARENT / GUARDIAN AGREEMENT (requires signature and all contact information)

I have reviewed the Code of Conduct with my child. He or she understands that the Code of Conduct and promises to comply with the demands in order to participate.

If my child does not comply with this Code of Conduct to the satisfaction of the adult leaders, I agree to immediately retrieve my child from the activity or event, at my own expense.

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| PRINT NAME OF PARENT / GUARDIAN | SIGNATURE OF PARENT / GUARDIAN |
| HOME PHONE NUMBER | WORK PHONE NUMBER |
| CELLULAR NUMBER | OTHER MEANS OF CONTACT |

Release for Diocesan Production for the Diocese of Fresno (DOF) and all Entities for the Diocese of Fresno (DOF)

Parents / Guardians: This form must be completed in order for your child to participate in this event or function. Please respond accordingly to the authorized use of your child's photograph or video image in a DOF produced public-relations document.

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| NAME OF PARISH OR SCHOOL | NAME OF GROUP |
| NAME OF EVENT | DATE OF EVENT |

PARTICIPANT AGREEMENT:

I hereby grant the Diocese of Fresno and its entities (hereinafter called Producer), their nominees, designees, and successors full authorization and the absolute right and permission to sell, assign, convey, reproduce, copyright, use or publish photographic reproductions, portraits, or pictures of me, motion picture or video tape pictures of me, or in which I may be included in whole, in part, or in composite, or in which character or form is distorted, in conjunction with my own or any other picture, product, person, name or reproduction, in color or otherwise, made through any media at its studios or elsewhere, for art, advertising, commerce, business or trade, or any other lawful purpose whatsoever.

I hereby waive any right I may have to inspect or approve the finished product or the advertising copy that may be used in connection therewith, or the use to which it may be applied.

I hereby release, discharge and agree to hold harmless PRODUCER, its nominees, designees, or successors, and assignees or others for whom they are acting from any liability of any nature or description by virtue of any use whatsoever, whether intentional or otherwise, or from any change that may occur or be produced in the taking of said picture or pictures, or any processing tending towards the completion of the finished product, unless it can be shown that said use or change is solely for its purpose of subjecting me to conspicuous ridicule, scandal, reproach, scorn and indignity.

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| PRINT NAME OF PARTICIPANT | SIGNATURE OF PARTICIPANT |
| ADDRESS | |
| TELEPHONE | EMAIL |

PARENT / GUARDIAN AUTHORIZATION FOR A MINOR

If the participant is under 18 years of age, the parent or legal guardian of the above participant must provide the following information and must check one of the following and sign.

- As the parent and/or legal guardian of the above named participant, **I do hereby consent and grant my permission** to all of the foregoing.
- As the parent and/or legal guardian of the above named participant, **I do not give my consent** for my child to be photographed, but I understand that it will be the responsibility of the participant to make every effort possible from participating in any posed pictures. If a picture or pictures are inadvertently taken, then I agree to review the photographs or video within the given time frame in order to identify my child to avoid any reproduction or usage of that image and/or images.

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| PRINT NAME OF PARENT / GUARDIAN | SIGNATURE OF PARENT / GUARDIAN |
| SIGNATURE OF WITNESS | DATE |

