



St. Teresa of Avila Parish

11600 Atwood Road * Auburn * California * 95603
(530) 889-2254 * Fax (530) 889-2643

2010-2011 RELIGIOUS EDUCATION REGISTRATION FORM

PLEASE PRINT!

FATHER'S NAME: _____ MOTHER'S NAME: _____

MAILING ADDRESS: _____

TELEPHONE: (____) _____ - _____ EMAIL ADDRESS: _____

CHILD: _____ GRADE ENTERING: _____
BAPTIZED: Y / N FIRST HOLY COMMUNION: Y / N CONFIRMATION: Y / N

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BAPTIZED: Y / N FIRST HOLY COMMUNION: Y / N CONFIRMATION: Y / N

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BAPTIZED: Y / N FIRST HOLY COMMUNION: Y / N CONFIRMATION: Y / N

REGISTRATION FEES FOR PRE KINDERGARTEN – SEVENTH GRADE:

1 CHILD \$100.00

2 OR MORE CHILDREN..... \$150.00

Remember, financial circumstances will not interfere with a child's participation in our program.
If paying these fees presents a hardship, please attach a letter addressed to the pastor.

IF YOUR CHILD WILL BE MAKING A SACRAMENT YOU WILL NEED TO FILL OUT AN ADDITIONAL FORM.

Please ask for this form at registration.

Lead catechists who make a weekly commitment to our program are exempt from paying fees, and weekly aides will receive a 50% fee waiver.

I have enclosed an additional \$ _____ as a donation to the Religious Education Program.

Thank you for your generosity! Without the wealth of time, treasure and talent that is given by so many, a successful Religious Education Program would not be possible.

Check desired program:

Thursday 4:30PM-5:30PM: _____ Sunday 9:15AM-10:15AM: _____

Family Religious Education: _____

Please fill out all information and return with your registration.

PHOTO RELEASE FORM

Throughout the year, St Teresa of Avila’s Religious Education Program participates in activities, events, or projects in which students may be photographed or videotaped. This includes but is not limited to:

- Portraits-including First Communion and Confirmation
- Parish Web Site-including but not limited to main pages, RE pages, special event pages
- Church & School Displays- including but not limited to bulletin boards at RE and in the church, church flyers
- Outside Publications- including but not limited to Auburn Journal, Sacramento Bee, Catholic Herald, RE Newsletter

Yes, we give our permission for our child/ren to be photographed

No, we do not give our permission for our child/ren to be photographed

Child’s name: _____ Grade: _____ Child’s name: _____ Grade: _____

Child’s name: _____ Grade: _____ Child’s name: _____ Grade: _____

Parent Signature

Date

CORRESPONDENCE AGREEMENT FORM

In an effort to lower cost and avoid waste, the Religious Education Office will send the majority of our correspondence via Email. Mail will be used only upon request:

I request paper mail instead of Email. (Please be sure your address is correct and neatly printed on the registration form.)

I agree to have all correspondence sent via Email. (Please PRINT your Email address below) _____

I understand that it is my responsibility to let the Religious Education Program know of any changes in my information.

OPT OUT FORM

for

THE TOUCHING SAFETY PROGRAM -“PROTECTING GOD’S CHILD”

St. Teresa of Avila Parish **DOES NOT** have my permission to present the *Touching Safety Program* to my child/children:

Child’s name: _____ Grade: _____ Child’s name: _____ Grade: _____

Child’s name: _____ Grade: _____ Child’s name: _____ Grade: _____

Print Parent Name: _____

Signature of Parent: _____ Date: _____

We encourage you to read the “overview” and “lesson plan” so you’ll be aware of the nature of the *Touching Safety* program. For information on the Touching Safety program, visit the VIRTUS Online website at www.virtus.org.

EMERGENCY FORM
2010-2011

PLEASE PRINT

Family Name: _____ Daytime Phone: _____ Cell: _____

Home Address: _____ City: _____ Zip code: _____

Name of Student: _____ Birth date: _____

Allergies: _____

Name of Student: _____ Birth date: _____

Allergies: _____

Name of Student: _____ Birth date: _____

Allergies: _____

Name of Student: _____ Birth date: _____

Allergies: _____

If I cannot be reached at the above address, you have my permission to contact either of the following persons:

Name: _____ Daytime Phone: _____ Cell: _____ Relationship: _____

Name: _____ Daytime Phone: _____ Cell: _____ Relationship: _____

Name of Family Physician: _____ Phone: _____

Insurance/Health Plan Carrier: _____ Policy: _____

AUTHORIZATION OF CONSENT FOR TREATMENT OF A MINOR

In the event of serious emergency, and none of the persons listed on this form can be contacted, I authorize RE (Parish School of Religion) officials to call my family physician, or if the situation demands, to transfer my child to the nearest hospital for emergency care. I consent to any X-ray examination, anesthetic, medical, dental or surgical diagnosis or treatment which is deemed advisable by, and rendered under the general or special supervision of any physician and surgeon licensed under the provisions of the Medicine Practice Act, whether such diagnosis or treatment is rendered at the physician's office or at a certified hospital.

I hereby agree to bear all cost incurred as a result of the foregoing:

Signature of parent or guardian: _____ Date: _____

I do not choose to sign the above statement. In the event of an accident or emergency please do the following:

Signature of parent or guardian: _____ Date: _____

In the event of a major disaster, all students will remain at school until released to a parent or other authorized person. I fully understand that students are to abide by all rules and regulations governing conduct and safety.

Parent Initial: _____

Family Volunteer Form 2010-2011 School Year

"Christ has no body now, but yours. No hands, no feet on earth, but yours. Yours are the eyes through which Christ looks compassion into the world. Yours are the feet with which Christ walks to do good. Yours are the hands with which Christ blesses the world."
St. Teresa of Avila

Last Name _____ First Name _____

In which of the following areas would you like to help? Place a ✓ next to any areas of interest and complete the required information.

Faith Sharing Opportunities:

Catechist ___ Assistant ___ Substitute ___
Babysitting ___ Adult Faith (during RE) ___
Jr. High Youth Group Volunteer ___

Service Projects:

Pancake Breakfast Coordinator ___ Cooks ___
Set Up ___ Clean Up ___ Servers ___
Service Project Volunteer ___ Fundraising
Volunteer ___ Coffee House Volunteer ___

Children's Liturgy of the Word Sunday Morning

Volunteers are scheduled no more than once a month. No experience is necessary. Training and materials are provided.

Coordinate volunteer's ___
Facilitate a monthly session ___

Pre-K/Kindergarten Classes-Sunday's

Catechist ___ Assistant ___
Grade level interested in:
Pre/K ___ Kindergarten ___

Religious Education Advisory Board

This board will meet 6 times a year to help assist the pastor, coordinator and catechist in designing, implementing and promoting lifelong faith formation. Interested Y/N

Vacation Bible School June 22nd – 26th

No experience is necessary. Training and materials are provided.

Decorating ___ Food ___ Science ___
Storytelling ___ Crafts ___ Games ___
Set up ___ Clean up ___ First aid ___
Photograph/video ___ Music ___

Support Services for Religious Education

Weekly Assistance

___ Office support during religious education classes
___ Monitor and maintain craft storage area
___ Photographer/Public relations

Monthly

___ Purchase office supplies (when needed)
___ Phone tree
___ Newsletter
___ Special event helper

Hospitality

___ Coordinate refreshments
___ Provide refreshments
___ Set up/decorate/clean up
___ Food preparation
___ "Welcome Sunday" volunteer (once a year)