



PADRE SERRA PARISH  
"Siempre Adelante"

May 5, 2013

Dear Padre Serra Families,

We are so excited to team with you to help raise all our children up in the faith! Attached please find a registration form, a schedule of sessions and fees, a volunteer form, a permission and medical release form. Please complete and return to the office by **July 31<sup>st</sup>**.

What we need:

1. A completed Registration Form for each child/teen. Note: For pre-school through grade 5, please indicate your **1<sup>st</sup> and 2<sup>nd</sup> choice** for session day and time.
2. A completed Permission and Medical Release Form for each child/teen.
3. A completed Volunteer Form. Parent participation is expected. We need everyone's gifts! No experience necessary. There are opportunities all along the way to fit your schedule; Help out once a week, once a month or once a year.
4. A non-refundable pre-registration fee of \$25.00 per child/teen is due with the registration form. This amount **is** applied toward the total fee, or you may pay the whole fee today. Please make checks to Padre Serra Parish. To pay via credit card, complete the credit card payment section on the Fee Schedule enclosed.
5. Please provide a copy of Baptism Certificates for all children/teens in sacrament programs, unless you are sure we have them on file already.

As completed packets are received in the parish office they are stamped with an official priority number. That number drives group placement until groups are full. So please return your information as soon as possible for best selection, sessions begin the week of September 29th.

Parent Meetings for Grade 1 through high school are scheduled for September 23 **or** 24 at 6:30pm. Little Church will have a special day-time parent meeting in September (date tbd). That's it! You will hear from us!

Let us know how we can best serve you. Please contact Christine Olsen at 482-6417 x 349 or ChristineOlsen@padreserra.org or me at 482-6417 x347 or EveCollier@padreserra.org.

We look forward to serving you and your family.

God Bless,

Eve Collier  
Director of Faith Formation

**Padre Serra Parish Faith Formation  
2013/2014 Registration Form**

**Child/Teen Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_ **Grade Sept. 2013:** \_\_\_\_\_

**Home Address of Child/Teen:** \_\_\_\_\_  
(Street Address, \_\_\_\_\_ City, State, \_\_\_\_\_ Zip Code)

**Home Phone:** \_\_\_\_\_ **School:** \_\_\_\_\_  
(Name of school student will be attending in 2013/14 school year)

**Adult E-Mail Address:** \_\_\_\_\_  
(please provide the **best parent e-mail** for communicating important, timely information)

**Sacraments Received and Where:**

Please check boxes for sacraments **ALREADY** received and write in the **church name** and **city/state**.

Baptism Church: \_\_\_\_\_ City: \_\_\_\_\_

1<sup>st</sup> Reconciliation Church: \_\_\_\_\_ City: \_\_\_\_\_

1<sup>st</sup> Communion Church: \_\_\_\_\_ City: \_\_\_\_\_

Confirmation Church: \_\_\_\_\_ City: \_\_\_\_\_

**Child/Teen Resides With:**

Both Parents – Household Last Name: \_\_\_\_\_  
Mom Name: \_\_\_\_\_ Cell: \_\_\_\_\_  Catholic  Other: \_\_\_\_\_  
Dad Name: \_\_\_\_\_ Cell: \_\_\_\_\_  Catholic  Other: \_\_\_\_\_

Mom – Name: \_\_\_\_\_  
Mom Cell: \_\_\_\_\_  Catholic  Other: \_\_\_\_\_

Dad – Name: \_\_\_\_\_  
Dad Cell: \_\_\_\_\_  Catholic  Other: \_\_\_\_\_

Other \_\_\_\_\_

**Last Religious Education (if any) and where:** \_\_\_\_\_

**Please enroll my child in:** \_\_\_\_\_

(For children in Pre-school through 5<sup>th</sup> grade – please indicate day and time from 'Schedule of Sessions' page)

1<sup>st</sup> choice \_\_\_\_\_ 2<sup>nd</sup> choice \_\_\_\_\_

**Office Use Only**

Date Rec'd \_\_\_\_\_ Cash Receipt # \_\_\_\_\_ Amt. \$ \_\_\_\_\_

Rec'd By \_\_\_\_\_ Credit: Visa MC AMEX Amt. \$ \_\_\_\_\_

Priority # \_\_\_\_\_ Check # \_\_\_\_\_ Amt. \$ \_\_\_\_\_

Notes: \_\_\_\_\_

## Schedule of Sessions and Fees

Please circle all that apply for the household and complete the payment info.  
(Separate Registration, Permission and Medical forms are required for each child/teen)

Program/Day/Time	Fee * Before 7/31	Fee * After 7/31	Payment Info
<b>For Pre-School, Pre-K and Kindergarten</b>			Please make checks payable to Padre Serra Parish
Little Church – (3 years by 10/1/13) Sundays 9:00am OR 11:00am	\$50	\$50	
<b>For Children in Grades 1 through 5</b>			Check Number: _____
Grades 1 and 2: (6 choices offered) Mondays: 3:30-4:45 Tuesdays: 2:30-3:45 or 4:15-5:30 or 6:00-7:15 Wednesdays: 3:30-4:45 or 5:15-6:30	\$100	\$100	Amount \$ _____
Grades 3, 4 and 5: (2 choices offered) Mondays: 3:30-4:45 Wednesdays: 5:15-6:30	\$100	\$100	Credit Card
First Communion-additional fee Sacrament Year (sacrament may be received after two consecutive years of preparation) <sup>†</sup>	\$25	\$45	____ Master Card ____ VISA ____ American Express
<b>For Jr. High Tweens – Grades 6 through 8</b>			Card #: _____
Faith Factor Live – Jr. High Youth Ministry Mondays 6:30 to 8:00pm	\$50	\$50	Expiration Date: _____
First Communion-additional fee Sacrament Year (sacrament may be received after two consecutive years of preparation) <sup>†</sup>	\$25	\$45	Zip Code: _____
<b>For High School Teens</b>			Amount \$ _____
Youth Confirmation Year 1 <sup>†</sup> Sundays 12:00 to 2:00pm (fall semester)	\$100	\$120	Print Name: _____
Youth Confirmation Year 2 <sup>†</sup> Sundays 12:00 to 2:00pm (spring semester) Note: Retreat (off-site) \$170 due by January 15	\$125	\$145	Signature: _____
LIFE – High School Youth Ministry Mondays 7:00pm (No charge if enrolled in Confirmation)	\$25	\$25	Date: _____

\*Included in all fees above is a non-refundable \$25 pre-registration fee

<sup>†</sup> Please provide a copy of student's Baptism Certificate

# Faith Formation Volunteer Form

*Alone we can do so little; together we can do so much—Helen Keller*

I am interested in helping out in the following areas (check all that apply):

Parent Name: \_\_\_\_\_ Cell Phone # \_\_\_\_\_

E-mail: \_\_\_\_\_ Child(s) Grade: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

I would like to help in my child's group:  yes  no - If no, please see other choices below.

1. Sunday Ministry:  Little Church  Liturgy of the Word  9AM  11AM

2. Children's Faith Formation:  1<sup>st</sup> Grade  2<sup>nd</sup> Grade  3<sup>rd</sup> Grade  4<sup>th</sup> Grade  5<sup>th</sup> Grade

Co-Catechist (co-teach) (circle one) Monday, Tuesday or Wednesday

Catechist Substitute (on-call job), (circle one) Monday, Tuesday or Wednesday

Assist in Center  Center Parent (aka team mom/dad)  Assist in office

3. Confirmation Small Group Mentor  Year 1  Year 2

Parent Chaperone  Year 1  Year 2

Assist with events  Assist in office  "Team" Mom/Dad

4.  Behind the scenes administrative support with Staff (really fun!!)  Photographer

5. Faith Formation Events (help with hospitality, set-up, clean up, etc.):

Trunk or Treat  Family Dinner/Reconciliation Service  Interactive Stations

Summer Camp  Dinner Meetings

6. About Me:

I have experience with \_\_\_\_\_

I love to \_\_\_\_\_

I really want to help with \_\_\_\_\_

Other \_\_\_\_\_

I have been VIRTUS Trained \_\_\_\_\_  I have been fingerprinted \_\_\_\_\_  
(date Month/Year) (date Month/Year)

I need to be VIRTUS Trained  I need to be fingerprinted

**Padre Serra Parish Faith Formation  
Permission Form**

I, \_\_\_\_\_ parent/legal guardian of \_\_\_\_\_, give permission for him/her to participate in all formation activities from July 2013 through June 2014, either on-site at 5205 Upland Road, Camarillo, CA or any off-site location that may be scheduled for related activities.

- My child/teen may travel to such location(s) via commercial transportation, or parent drivers. I understand that I will be notified of the dates and times of any off-site trips prior to the activity.
- The above named child/teen is in good health and is physically able to participate in all formation activities unless otherwise noted on the reverse side of this form.
- I give permission for my child/teen to be photographed during regular class activities, and that these photos may be used in print material and/or on our parish website. I understand that photos of under age persons will not include their names.
- I understand that I am responsible for reading and agree to follow the procedures of the Padre Serra Parish Faith Formation Parent Hand-Out. I also understand that it is my responsibility to review the information with my child/teen. Any inappropriate behavior from my child/teen could result in dismissal from the gathering. All grievances will be dealt with in accordance with the hand-out procedures.

**Please check any/all of the following that apply.**

I will be responsible for dropping off and picking up my child/teen up from class.

My child/teen may be dropped off and/or picked up by the following people during the formation year. List teen if they drive.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

The undersigned hereby agrees to release Padre Serra Parish, agents, and staff of any and all liability, responsibility and damages whatsoever associated with any injury sustained during the activities in the formation year listed above. All information on this form is confidential and used only as needed.

\_\_\_\_\_  
Print Parent Name

\_\_\_\_\_  
Phone #(s) where I can be contacted during  
Formation gatherings

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

**(Complete Reverse Side)**

**Padre Serra Parish Faith Formation  
Medical Release Form**

Child/teen Name: \_\_\_\_\_

Please list any illnesses and/or injuries in the past year: \_\_\_\_\_

Please list special needs of child/teen, i.e. allergies, disabilities etc: \_\_\_\_\_

Is this child/teen currently being treated by a physician for any of the above  no  yes, explain

Does child/teen have an IEP?  no  yes, for \_\_\_\_\_

List current medication(s) and purpose: \_\_\_\_\_

Name of child/teen's physician: \_\_\_\_\_ Phone #: \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_ Policy #: \_\_\_\_\_

ID#: \_\_\_\_\_ Carrier's Phone Number \_\_\_\_\_

**In the event of a medical emergency during a Faith Formation gathering, I can be reached at the following phone number(s) \_\_\_\_\_. Should you not be able to contact me at this number(s), I hereby give the staff of Padre Serra Parish Faith Formation permission to authorize ambulance transportation, medical treatment and/or hospital care for my child/teen.**

**In the event of an emergency when a parent cannot be reached please call:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

(Please print CLEARLY)

Signature: \_\_\_\_\_ Date \_\_\_\_\_

