



St Louis de Montfort Catholic Church

Faith Formation Registration Form 2018 - 2019



FAMILY LAST NAME: _____ Registered Parishioner of SLDM: Yes No

Father's Name: _____ Father's Cell/Work: _____

Mother's Name: _____ Mother's Cell/Work: _____

Mother's Maiden Name: _____ Are Both Parents Catholic? Yes / No

Home Phone: _____ Family Email: _____

Home Address: _____ City, Zip Code _____

STUDENT #1 INFORMATION REGISTERING FOR: (Circle) Lou's Kids Edge Youth Ministry

Child's Name: _____ Gender: Male Female

Birthday: _____ Age: _____ Birthplace: _____

Grade in September 2019: _____ School: _____ Language Spoken at Home English Spanish

Child lives with: Both Parents Father Mother Guardian

Special Needs: _____

Sacraments Received	Date	Place
Baptism <i>*Provide copy of certificate by Dec. 1st</i>		Church Name & Location
First Communion		Church Name & Location
Confirmation		Church Name & Location

STUDENT #2 INFORMATION REGISTERING FOR: (Circle) Lou's Kids Edge Youth Ministry

Child's Name: _____ Gender: Male Female

Birthday: _____ Age: _____ Birthplace: _____

Grade in September 2019: _____ School: _____ Language Spoken at Home English Spanish

Child lives with: Both Parents Father Mother Guardian

Special Needs: _____

Sacraments Received	Date	Place
Baptism <i>*Provide copy of certificate by Dec. 1st</i>		Church Name & Location
First Communion		Church Name & Location
Confirmation		Church Name & Location



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STUDENT #3 INFORMATION REGISTERING FOR: (Circle) Lou's Kids Edge Youth Ministry

Child's Name: _____ Gender: ___ Male ___ Female
 Birthday: _____ Age: _____ Birthplace: _____
 Grade in September 2019: _____ School: _____ Language Spoken at Home ___ English ___ Spanish
 Child lives with: ___ Both Parents ___ Father ___ Mother ___ Guardian
 Special Needs: _____

Sacraments Received	Date	Place
Baptism <i>*Provide copy of certificate by Dec. 1st</i>		Church Name & Location
First Communion		Church Name & Location
Confirmation		Church Name & Location

STUDENT #4 INFORMATION REGISTERING FOR: (Circle) Lou's Kids Edge Youth Ministry

Child's Name: _____ Gender: ___ Male ___ Female
 Birthday: _____ Age: _____ Birthplace: _____
 Grade in September 2019: _____ School: _____ Language Spoken at Home ___ English ___ Spanish
 Child lives with: ___ Both Parents ___ Father ___ Mother ___ Guardian
 Special Needs: _____

Sacraments Received	Date	Place
Baptism <i>*Provide copy of certificate by Dec. 1st</i>		Church Name & Location
First Communion		Church Name & Location
Confirmation		Church Name & Location

In case of an Emergency, Please notify (we will try the Parent/Guardian FIRST):

NAME _____ PHONE _____ RELATIONSHIP _____

NAME _____ PHONE _____ RELATIONSHIP _____

Office Use Only:

Cash or CC	Check #	Amount Paid	Balance	Date



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MEDICAL RELEASE FORM

Any chronic illness or conditions of which the staff should be aware? (EG. Epilepsy, Food Allergies, Etc)

Is your child on regular or daily medication? No___ Yes___

Name of Medication(s) _____

In case of an Emergency, please notify (We will try the Parents/Guardian **FIRST**):

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

PARENT AUTHORIZATION AND MEDICAL RELEASE

In consideration of the acceptance of my son/daughter/guardian into the St. Louis de Montfort Faith and Family Formation activities, I hereby waive any and all claims for damages against St. Louis de Montfort and its authorized personal of any kind in event any mishap that may arise out of participation in activities and/or arising out of travel to and from any meetings and activities.

I _____, having legal custody of _____
(Parent or legal Guardian) (Participant)

authorize the authority of St. Louis de Montfort youth Ministry or Confirmation personnel, into whose care said person is entrusted, to consent to any X-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care to be rendered to said person under the provision of the California Medical Practice Act or to consent to a rendered care to the said person by a dentist licensed under the provisions of the California Dental practice Act. It is understood that this authorization is given to provide authority and poser on the part of the aforesaid agent(s) to give specific consent to any and all such exercise of their best judgment that may be deemed advisable. This authorizations given pursuant to the provisions of Section 25.8 of the Civil Code of California, and shall remain effective unless revoked in writing and delivered in advance to the attention of the St. Louis de Montfort Pastor, Faith and Family Director, Confirmation Director, or Youth Minister.

Signature _____ Date _____



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PHOTO/VIDEO RELEASE FORM

The SLDM Faith and Family Formation Program and its subsidiaries use Social Media as a tool for promoting the program and evangelization. The Faith Formation Program (And its subsidiaries) have an official Twitter, Instagram and Facebook page. We have to have permission from a minor's parent/guardian before posting pictures, video, and other information that may identify that minor. [For our SLDM official social media pages, everyone involved in the program is required to sign a *Photo/Video Release* which grants SLDM Faith and Formation Program (and its subsidiaries) permission to be photographed and/or videotaped during activities. Participants can decline. We cannot post pictures, videos, etc., of minors without parental consent. SLDM official sites will never post any full, one on one profile pictures of a minor-otherwise stated. Any pictures, videos published in such sites will be as a group, never individually].

The Faith and Family Formation Program at St. Louis de Montfort is subjected to use social media responsibly under the code of conduct in accordance with the Archdiocese of Los Angeles' regulations, The United State Conference of Bishops' regulations and the law. For more information on social media guidelines, visit <http://www.usccb.org>, social media guidelines, ©2015- United States-Conference of Catholic Bishops. Through the course of the year, we would like to capture those special moments during retreats or other activities, and share them in our social media. By signing this permission slip, you hereby give permission to St Louis de Montfort Faith and Family Formation team to take photographs and/or videos as a group, never individually- otherwise stated.

I hereby grant permission to be photographed and/or videotaped during the Faith and Family Formation activities and events. I understand that I may decline to be photographed and/or videotaped at any time.

I further grant permission for the resulting photographs and/or videotaped footage to be edited, if necessary, and then published and/or broadcast for the purpose of promoting the Faith and Family Formation Program and/or programs at St. Louis de Montfort Catholic Church.

Name of Student(s): _____

(Please Print)

Parent/Guardian Signature _____ Date _____

I hereby decline to grant permission to be photographed and/or videotaped during Faith and Family Formation activities and events under any circumstances.

Name of Student(s): _____

(Please Print)



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VIRTUS "Teaching Touching Safety" Children's Program

Archdiocese of Los Angeles Permission Form

To: Parents

From: St. Louis de Montfort Church Religious Education Program

Subject: Teaching Touching Safety Program

Dates: 9/12/18 At 4:00pm for Wednesday K-2
9/13/18 At 6:15pm for Thursday K-2
9/19/18 At 4:00pm for Wednesday 3-6
9/20/18 At 6:15pm for Thursday 3-6
9/25/18 At 5:30pm for Tuesday Hispanic Classes
9/27/18 At 6:15pm for Jr. High group (7-8)

The Archdiocese of Los Angeles is committed to compliance with the U.S. Bishops' **Charter for the Protection of Children and Young People**. Article 12 of the Charter mandates that "each diocese establish and maintain a Safe Environment Program for children and youth". In light of this, the VIRTUS *Teaching Touching Safety* program for Children was adopted by the Archdiocese of Los Angeles.

St. Louis de Montfort Church Religious Education Program will present a sexual abuse prevention program, the *Teaching Touching Safety* program, to our students on the above dates. The creators of the *Protecting God's Children*™ program developed the *Teaching Touching Safety* program. This program is provided to us by the Archdiocese of Los Angeles and is part of our ongoing efforts to help create and maintain a safe environment for children and to protect all children from sexual abuse.

As a parent you have a right to choose whether your son/daughter participates. You are welcome to review an overview of the program and lesson plan so you'll be aware of the nature and content of this important program. For more information visit the VIRTUS online™ website at www.virtus.org If you have questions about the program, please contact David Stevens at 805-937-8363 or David@sldm.org. If you determine that your son/daughter **can** participate in the TTS program please complete the permission form at the bottom of the page.

Permission form for use with *Teaching Touching Safety* program:

I am allowing my child to participate in the *Protecting God's Children*™ *Teaching Touching Safety* program at St. Louis de Montfort church:

Child's/Children's name(s) _____

Parent's name (printed) _____

Parent's signature _____ Date _____

If you want to request the "opt-out" form to teach this program to your child yourself please email David@sldm.org



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St. Louis De Montfort Youth Ministry/Confirmation Program Behavior Agreement (FOR CONFIRMATION STUDENTS ONLY)

We sincerely hope that everyone registered in the parish Confirmation Program will participate actively, behave appropriately and respect the guidelines so that all will have the opportunity to safely enjoy this ministry program.

- 1. THERE WILL BE RESPECT FOR PROPERTY**– the property of St. Louis de Montfort Church, retreat sites, youth day sites and surrounding areas should not be damaged, marked or vandalized in any way. Personal property should not be damaged or borrowed without permission.
- 2. THERE WILL BE CONCERN FOR SAFETY AND RESPECT FOR THE LAW**- there will be no alcohol, non-prescription drugs, or tobacco consumed or in any student’s possession. Upon arrival at youth days and retreats back packs and bags will be checked for inappropriate items. There will be no physical abuse of others or excessive foul language. Fighting of any kind will not be tolerated or permitted.
- 3. THERE WILL BE COOPERATION AND PARTICIPATION**- Everyone will get the most of this opportunity if we respect each other and participate. Participation includes attending Mass on Sunday as well as all of the requirements set forth in the program guide. Cell phones are not to be used at sessions or on retreats.

In the unfortunate event that they are needed, several consequences will be enforced within our program. 1. Verbal warning

2. Student meet with Confirmation Director

3. Student and parent(s) meet with Confirmation Director and/or pastor.

Unlawful, abusive or other inappropriate actions or behaviors of students may result in termination from the Confirmation program.

----- cut here -----

I have read and understand the behavior agreement for the Confirmation program:

Student name _____

Student signature _____ Date: _____

Parent/guardian name _____

Parent/guardian signature _____ Date: _____

(Please Print)