



# St. Louis de Montfort Church Faith Formation Registration 2020-2021

**COMPLETELY FILL OUT - ONE PER STUDENT  
PLEASE PRINT CLEARLY**

OFFICE USE ONLY:	
Date	_____
FF Grade/Day	_____
Edge (6-8)	_____
Conf. Track I	_____ II _____
YM	_____
Baptism. Cert.	_____
Communion. Cert.	_____
Amt Paid	_____
<b>CHECK OR CASH ONLY</b>	

**PLEASE MAIL IN OR DROP OFF FORM AND FEES IN AN ENVELOPE  
TO THE RECTORY LABELLED FAITH FORMATION**

STUDENT'S LAST NAME \_\_\_\_\_ MALE \_\_\_\_\_ FEMALE \_\_\_\_\_

STUDENT'S FIRST NAME \_\_\_\_\_ M.I. \_\_\_\_\_ AGE \_\_\_\_\_

STUDENT'S DATE OF BIRTH \_\_\_\_\_ PLACE OF BIRTH (CITY/STATE) \_\_\_\_\_

GRADE IN SEPTEMBER 2020 \_\_\_\_\_ SCHOOL \_\_\_\_\_

EMAIL ADDRESS OF MAIN CONTACT \_\_\_\_\_

**(EMAIL IS THE MAIN COMMUNICATION USED TO CONTACT YOU)**

FATHER'S FULL NAME \_\_\_\_\_ FATHER'S CELL \_\_\_\_\_

MOTHER'S FULL NAME \_\_\_\_\_ MOTHER'S CELL \_\_\_\_\_

MOTHER'S MAIDEN NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE \_\_\_\_\_

ARE YOU A REGISTERED PARISHIONER OF ST. LOUIS DE MONTFORT CHURCH? YES \_\_\_\_\_ NO \_\_\_\_\_

IF NOT, WHERE ARE YOU REGISTERED? \_\_\_\_\_

**SACRAMENT INFORMATION FOR STUDENT  
COPIES OF STUDENT'S CERTIFICATES REQUIRED FOR COMMUNION 1& 2 AND CONFIRMATION 1 & 2**

BAPTISM CHURCH/CITY: \_\_\_\_\_ DATE \_\_\_\_\_

FIRST COMMUNION CHURCH/CITY \_\_\_\_\_ DATE \_\_\_\_\_

Lou's Kids (Gr K-5)	Edge (Gr 6-8)	2nd Yr. Communion	Year 1 and 2 Confirmation
\$65.00	\$40.00	\$80.00	\$60 w/o retreats
\$40 additional child (excludes Communion 2 and Confirmation 1 and 2) Distant learning in the fall. Otherwise classes Wed or Thurs	Distant learning in the fall. Otherwise Thursday eve	Must be enrolled in Lou's Kids or Edge & complete Year 1  Distant learning in the fall. Otherwise Wed or Thurs	Once Covid restrictions lifted additional fees may be required for retreats

**MEDICAL RELEASE FORM**

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

Is your child on regular or daily medication? No \_\_\_ Yes \_\_\_

Name of Medication(s) \_\_\_\_\_

**EMERGENCY CONTACT: (We will try the Parents/Guardian FIRST):**

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

**Additional Emergency contact person (if above not available):**

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 Faith Formation, 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 Formation Director or Youth Minister.

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

## 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 States 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.

I hereby **DECLINE TO GRANT PERMISSION** to be photographed and/or videotaped during Faith and Family Formation activities and events under any circumstances.

Student(s) Name: \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_





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**Empowering God’s Children and Young People©  
Permission Slip  
2020 – 2021**

**To: Parent or Guardian  
From: St Louis de Montfort Parish  
Subject: Empowering God’s Children and Young People© Safety Program  
Date: August 2020**

We at **St Louis de Montfort Parish** are committed to your child’s safety and well-being. There are daily reports of child abuse, both sexual and other forms in our society. Therefore, we recognize how important it is to “empower” our children and young people with the knowledge and understanding of ways to keep themselves and others safe from potential harm.

The *Empowering God’s Children and Young People© Safety Program* is provided by the Archdiocese of Los Angeles as an ongoing effort to educate children and young people through classroom lessons and activities on ways to maintain their own personal safety. It is based on catechetical principals to help them know they are loved by God and that He wants them to be healthy and safe.

The *Empowering God’s Children and Young People© Safety Program* will be presented to our students in the Spring. The topics for this year’s lesson include **The Five Body Safety Rules, Safe and Unsafe Adults, and Internet Safety**. Each lesson includes video presentations, classroom discussion, individual and group activities, as well as, a “Take Home Activity” for students to complete with a parent/guardian. A Summer Safety Lesson will also be presented at the end of each year.

Parents/guardians seeking additional information regarding this program or who would like to review the materials/videos, please feel free to contact **Director of Faith Formation Christine Meugniot 805.937.8363** or [christine@sldm.org](mailto:christine@sldm.org) or **Youth Minister/Confirmation Luis Oros 805.937.0701** or [orosnadab@sldm.org](mailto:orosnadab@sldm.org)



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**St Louis de Montfort Parish  
Empowering God Children and Young People© Safety Program  
Parent Permission Slip  
2020 – 2021**

I understand that for my child to participate in the *Empowering God’s Children and Young People© Safety Program*, I need to fill out and return this Parent Permission Form by **September 30, 2020**. I am specifically giving permission for the *Empowering God’s Children and Young People© Safety Program* to be presented to my child.

Student’s Name (printed): \_\_\_\_\_

Parent/Guardian Name (printed): \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

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

**CONFIRMATION/YOUTH MINISTRY STUDENTS ONLY**

**BEHAVIOR CONTRACT**

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.



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

Student name \_\_\_\_\_

Student signature \_\_\_\_\_ Date: \_\_\_\_\_

Parent/guardian name \_\_\_\_\_

Parent/guardian signature \_\_\_\_\_ Date: \_\_\_\_\_

**FOR YOUTH MINISTRY AND CONFIRMATION ONLY**

**St. Louis de Montfort Church**  
**Youth Ministry & Confirmation**  
**5075 Harp Road**  
**Santa Maria CA, 93455**  
**Phone: (805) 937-0701**  
**Fax: (805) 934-2805**

**PERMISSION SLIP**

To: The Archdiocese of Los Angeles, it's priests, ministers, managers, supervisors, employees and volunteers; and St. Louis de Montfort Youth Ministry:

I hereby grant permission for my child: \_\_\_\_\_ to

participate in the Track 2 Confirmation Retreat at: \_\_\_\_\_ **TBA** \_\_\_\_\_

On the date: TBA \_\_\_\_\_ at the time of: \_\_\_\_\_ to \_\_\_\_\_ Transportation to and from retreat provided by bus. Drop off and pick at SLDM parking lot.

I agree to direct my child to cooperate fully with the designated supervisory personnel in charge of the retreat. I agree that the supervisory personnel may obtain such medical services for my child as they, in their sole discretion, deem necessary. I agree that any licensed physician chosen by the supervisory personnel may render such medical testing, examination and treatment as is necessary and appropriate. I further agree to be responsible for and pay such fees and costs as may be incurred for such testing, examination and treatment.

I agree to release each of the above mentioned entities and persons from all liabilities for damages which may accrue to my child, except those liabilities which may arise out of actively negligent acts or omissions of any such entity or person. This release is given with knowledge of California Civil Code section 1542 which provides as follows:

“ A general release does not extend to claims which the creditor does not know or suspect to exist in his favor at the time of executing the release, which if known to him must have materially affected his settlement with the debtor.”

I hereby waive the protections of said section 1542 in executing this permission and release.

Parent(s)/Guardian Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Dated: \_\_\_\_\_

Address \_\_\_\_\_ Phone: \_\_\_\_\_

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

Insurance Information \_\_\_\_\_

ID # of Insurance Holder or group ID: \_\_\_\_\_

Medical Information (Allergies, etc): \_\_\_\_\_