

† **St. Peter Pacifica** †
 † **7th Grade Pre-Confirmation** †
 † **8th and 9th Grade Confirmation Preparation** †

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† **2017 - 2018** †
Family Registration Form
Grades 7 - Mondays 6 - 7pm
Grade 8 - Tuesdays 7 - 8:30pm
Grade 9 - Wednesdays 7 - 8:30pm

=====FAMILY INFORMATION=====

Are you a registered member of St. Peter Parish? Yes No

If yes, Envelope/Parish Number _____

If no, what parish are you registered with? _____

When sending mail, address to (circle one): Mr. Mrs. Ms. Dr. Other: _____

Family Name: _____
Head of household Last name First Name

Street Address _____

City: Zip Code: _____

Home Phone: _____ Unlisted? Yes No

Cell Phone: _____ Family Email _____ @ _____

=====PARENT/GUARDIAN INFORMATION=====

Circle Relationship to Child: **Father Stepfather Guardian**
 Name _____
 Email _____
 Employed at _____
 Business Phone _____
 Cell Phone _____
 Religion _____

Please circle
 Sacraments Received: **Baptism Eucharist Confirmation**

Marital Status: **Married Single Separated Divorced Widow**
 Married in the Catholic Church? **Yes No**

Circle Relationship to Child: **Mother Stepmother Guardian**
 Name _____ Maiden Name _____
 Email _____
 Employed at _____
 Business Phone _____
 Cell Phone _____
 Religion _____

Please circle
 Sacraments Received: **Baptism Eucharist Confirmation**

Marital Status: **Married Single Separated Divorced Widow**
 Married in the Catholic Church? **Yes No**

=====EMERGENCY INFORMATION=====

In the event of an emergency, parents will be notified first. List an emergency contact in case parent(s) cannot be reached.

Name _____

Relationship to child _____

Address _____

Phone Number _____ Cell _____

Doctor's Name /City/Phone _____

Hospital Choice _____

Insurance Co. /Policy No. _____

Please list any health conditions (i.e. allergies, medications) or behavioral conditions (i.e. attention disorders) on the Child/Teen Information section. In case of injury or related emergency, we authorize that medical aid may be administered to our child(ren) by a person qualified to render such service, if deemed necessary by adult coordinator, staff, and/or chaperon. We understand that any insurance benefits that are effective have limited application and we therefore have supplied all pertinent health insurance information.

Parent(s) Signature: _____ Today's Date: _____

TURN TO NEXT PAGE AND COMPLETE PARTICIPANT'S INFORMATION

REGISTRATION for 7th, 8th and 9th Grades 2017 / 2018

Child/Children Information Form

Child's Name Last _____ First _____
Middle _____ Do you need a new shirt? Yes / No Tee Shirt Size: small medium Large X large

Sex: Male Female Attended here before? Yes No

Date of Birth ____/____/____ City _____

BAPTISM INFORMATION: Has this child been baptized? Yes No

All first time students must present a copy of their baptismal certificate at time of registration, even if they were baptized here at St. Peter Pacifica.

Please provide the name, city and state of Church of baptism: _____

Circle which Sacraments this child has already received: Baptism Reconciliation/Penance Holy Communion/Eucharist

Religious Education Level this year: Circle one: 7 8 9

School Attending: _____ grade _____

Health/Behavioral Problems: (allergies, attention disorder etc.) _____

Child's Name Last _____ First _____

Middle _____ Do you need a new shirt? Tee Shirt Size: small medium large X large

Sex: Male Female Attended here before? Yes No

Date of Birth ____/____/____ City _____

BAPTISM INFORMATION: Has this child been baptized? Yes No

All first time students must present a copy of their baptismal certificate at time of registration, even if they were baptized here at St. Peter Pacifica.

Please provide the name, city and state of Church of baptism: _____

Circle which Sacraments this child has already received: Baptism Reconciliation/Penance Holy Communion/Eucharist

Religious Education Level this year: Circle one: 7 8 9

School attending _____ grade _____

Health/Behavioral Problems: (allergies, attention disorders, etc.) _____

****A child is not considered registered until all forms are completed and copies of all required certificates are provided and turned into the Religious Education office. The Religious Education office is located on the west side of the church the sign in the window reads, "COVE." There is a mail drop in the door if no one is there.

Please make sure you have completed all 4 pages. Students new to the program must provide a copy of their baptismal form at time of registration, even if your child was baptized at St. Peter's. **Shield the Vulnerable certificates of completion are also required at time of registration for grades 7th -9th.**

Please see the Child Safety Instructions on page 3 how to complete this program online.

GENERAL RELEASE

I/We, the parents, /guardians of the aforementioned child hereby give my/our permission to his/her participation in any and all religious education activities. I/We agree to direct my/our child to cooperate and conform with directions and instructions of religious education personnel responsible for religious education activities.

I/We agree, that in the event my/our child is injured as a result of his/her participation in religious education activities, including transportation to and from these activities, not caused by the negligence of the parish/school religious education program or any of its agents or employees, recourse for the payment of any resulting hospital, medical or related costs and expenses will first be made against any accident, hospital or medical insurance, or any available benefit of mine/ours.

In the event we cannot be reached in an emergency, I/we hereby give permission for the adult leader to authorize by his/her signature whatever medical treatment may be considered necessary by the attending physician for my/our child.

Parent/
Guardian Name _____ Signature _____ Date _____

PHOTO RELEASE AUTHORIZATION

I also authorize the taking of photographs or other memorializing of said Religious Education classes/events and activities and my sons/daughter’s participation therein and the publication or other use thereof including on the parish website, bulletin board and the parish bulletin. I hereby waive any right to compensation or any rights I otherwise might have to limit or control such making or use.

Parent/
Guardian Name _____ Signature _____ Date _____

Safe Environment Program

All students in our programs are **required** to complete a Safe Environment Course.

Directions:

Grades 7 through 9

Students in grades 7 through 9 complete an online safety course by going to **www.ShieldTheVulnerable.org**.

There they go to the **student’s** box,

Then select: **1st time signup** or Already **signed up**,

Then in Your Organization – Pick Type: **Catholic Diocese**,

Then enter Name, create Login-ID,

Diocese: **San Francisco Archdiocese**, Location: **Parish**,

Loc City: **Pacifica**, Loc Name: **Saint Peter**, then select your individual information,

Then: **Start Course**.

Children will complete the following grade appropriate courses:

- 7th – Bullying, Not Cool
- 8th – Internet Safety, Part II
- 9th – Teen Safety

Parents are encouraged to do the Adult review and discuss it with their child(ren).

Children in grades 7-9, need to return a copy of the **Certificate of Completion** with registration. We will discuss the training together in class in the Fall or Spring.

FEE AND PAYMENT INFORMATION

RELIGIOUS EDUCATION Grades – 7th through 9th

Prior to August 1, 2017 must be paid in full

_____ \$ 140.00 for one; \$180.00 for two; \$205 for three or more
Number of children registering: _____ 7th, 8th, 9th grades

Registration on August 1, 2017 or after payment options available*

_____ \$ 155.00 for one; \$195.00 for two; \$230.00 for three or more
Number of children registering: _____ 7th, 8th, 9th grades

ADDITIONAL FEES: Sacramental Preparation

_____ **CONFIRMATION FEE \$65.00**

This is for children in the second year of the confirmation program and who are preparing for Confirmation that year.

This fee is not discounted and needs to be paid, prior to the sacrament.

***Payment Plan Option**

Please chose one of the following options

*Please make checks payable to **St. Peter Junior High / High School Religious Education***

_____ Payment Enclosed

_____ Bill in September

_____ Monthly Payments beginning in September 2017

A minimum of \$50.00 is due at registration.

FAMILY NAME _____

For Office Use Only: 2016-2017 Catechetical Ministry
Registration Date: _____ Parish I.D. Number: _____ Amount Due: _____ Amount Paid: _____
Check # _____ Cash: _____ Balance Due: _____
Receipt Number: _____ Initials: _____ Funds Recorded: Entered in computer on _____ by _____