

St Christopher

Reconciling Multicultural Parish

25075 Cottonwood Lane, Moreno Valley, CA 92553

Faith Formation

Registration

2022-2023

Family Information		Today's Date:
Family Last Name:	_____	
Father's /Guardian Full Name:	_____	Father's Cell #: _____
Father resides with child:	Yes <input type="checkbox"/> NO <input type="checkbox"/>	
Father Email Address:	_____	
Mother's /Guardian Full Name:	_____	Mother's Cell #: _____
Mother's Maiden Name:	_____	
Mother resides with child:	Yes <input type="checkbox"/> NO <input type="checkbox"/>	
Mother's Email Address:	_____	
Home Address:	_____	
City:	_____	Zip Code: _____

Student #1	
Name: _____	Gender: Female <input type="checkbox"/> Male <input type="checkbox"/>
Birth Date: _____	Grade in School: _____ Years in Faith Formation 1 or 2
Baptism: Yes <input type="checkbox"/> No <input type="checkbox"/>	Reconciliation: Yes <input type="checkbox"/> No <input type="checkbox"/> Eucharist: Yes <input type="checkbox"/> No <input type="checkbox"/>
Confirmation: Yes <input type="checkbox"/> No <input type="checkbox"/>	Class language: English <input type="checkbox"/> Spanish <input type="checkbox"/>
Special Needs:	_____

Student #2	
Name: _____	Gender: Female <input type="checkbox"/> Male <input type="checkbox"/>
Birth Date: _____	Grade in School: _____ Years in Faith Formation 1 or 2
Baptism: Yes <input type="checkbox"/> No <input type="checkbox"/>	Reconciliation: Yes <input type="checkbox"/> No <input type="checkbox"/> Eucharist: Yes <input type="checkbox"/> No <input type="checkbox"/>
Confirmation: Yes <input type="checkbox"/> No <input type="checkbox"/>	Class language: English <input type="checkbox"/> Spanish <input type="checkbox"/>
Special Needs:	_____

Office Use Only		
Tuition Due: \$ _____	Tuition Paid: \$ _____	Rcpt # _____
	Invoice # _____	CC# _____
	Name or Initials: _____	

**Student #3**

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

Gender: Female  Male

Birth Date: \_\_\_\_\_ Grade in School: \_\_\_\_\_

Years in Faith Formation 1 or 2

Baptism: Yes  No  Reconciliation: Yes  No  Eucharist: Yes  No

Confirmation: Yes  No

Special Needs: \_\_\_\_\_

**Student #4**

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

Gender: Female  Male

Birth Date: \_\_\_\_\_ Grade in School: \_\_\_\_\_

Years in Faith Formation 1 or 2

Baptism: Yes  No  Reconciliation: Yes  No  Eucharist: Yes  No

Confirmation: Yes  No

Special Needs: \_\_\_\_\_

**Student #5**

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

Gender: Female  Male

Birth Date: \_\_\_\_\_ Grade in School: \_\_\_\_\_

Years in Faith Formation 1 or 2

Baptism: Yes  No  Reconciliation: Yes  No  Eucharist: Yes  No

Confirmation: Yes  No

Special Needs: \_\_\_\_\_

**Student #6**

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

Gender: Female  Male

Birth Date: \_\_\_\_\_ Grade in School: \_\_\_\_\_

Years in Faith Formation 1 or 2

Baptism: Yes  No  Reconciliation: Yes  No  Eucharist: Yes  No

Confirmation: Yes  No

Special Needs: \_\_\_\_\_

**Parent/Guardian Information**

Father's Name: \_\_\_\_\_

Mother's Name \_\_\_\_\_

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**Students Information**

Childs Full Name: \_\_\_\_\_

Childs Full Name: \_\_\_\_\_

Childs Full Name: \_\_\_\_\_

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**Acknowledgement of Receipt of Program information**

I acknowledge with my signature receipt of St. Christopher's Faith Formation programs notification of Parents/Student responsibilities on behalf of my son/daughter listed above:

Parent signature : \_\_\_\_\_

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

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**Responsibility for Textbook and other Material**

I accept the responsibility for my son/daughter listed above; I have been informed and understand that his/her book is required for class. In care of his/her faith formation book I understand that if he/she loses or damages the book, I will be required to pay \$25.00 to purchase a new book.

Parent signature : \_\_\_\_\_

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

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**Protecting God's Children program (Required by San Bernardino Dioceses)**

I give permission for my student listed above to participate in the Virtus program: I understand that each lesson will be presented by a catechist to my son/daughter during their regular Faith Formation session. I also understand that I can attend the session or visit the Virtus program on line. If my son/daughter misses a lesson it will be my responsibility to pick-up and review the material.

Parent signature : \_\_\_\_\_

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

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**Media Release**

I hereby grant St. Christopher's Catholic Church permission for my son/daughter listed above to have his/her name and picture(s) used in any and all of its publications, including website entries or activities conducted or sponsored by St. Christopher's Faith Formation program. I understand and agree that these materials will become the property of the St. Christopher's Catholic Church and will not be returned.

Parent signature : \_\_\_\_\_

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

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(Office use only) Day \_\_\_\_\_ Time \_\_\_\_\_ Room # \_\_\_\_\_

**For the safety of your child. Children must be signed in and out of class to be released home.**

**“All students grade 1 through 12 MUST BE PICKED UP AT THE CLASSROOM BY THEIR PARENT OR ALTERNATE AUTHORIZED PERSON/S (over 18 years old) AND ALSO SIGNED OUT OF CLASS.”**

*Diocese of San Bernardino Safe Environment Policy for the Protection of Children and Young People and Code of Pastoral Conduct; Appendix 13*

Students will remain seated until the responsible person arrives to the classroom to pick them up and sign them out.

Catechist will not leave until all students have been signed out. Any students remaining at the time the catechist or assistant need to leave, the child will be taken to the Faith Formation Office and will be left with a staff member. If more that 20 minutes have passed, and the child has not been picked up the Riverside County Sherriff must be contacted. This is for the child’s safety and protection.

**The following person are authorized for child pick-up and are over the age of 18 and knowledgeable that they must sign for the release of the child. If the person is not listed the child will NOT be released.**

**St. Christopher catechist have the right to ask for ID.**

Mother’s Name \_\_\_\_\_ Cell number \_\_\_\_\_

Father’s Name \_\_\_\_\_ Cell Number \_\_\_\_\_

Authorized person #1 \_\_\_\_\_ Cell Number \_\_\_\_\_

Relationship to Child \_\_\_\_\_

Authorized person #2 \_\_\_\_\_ Cell Number \_\_\_\_\_

Relationship to Child \_\_\_\_\_

Authorized person #3 \_\_\_\_\_ Cell Number \_\_\_\_\_

Relationship to Child \_\_\_\_\_

Child’s First Name \_\_\_\_\_ Last Name \_\_\_\_\_