

**Church of the Resurrection Catechetical Ministry Program**

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**2017-2018 New Student Registration Form**

Catechetical Ministry Level (K, 1, 2, 3, 4, 5, 6, 7, 8) \_\_\_\_\_

Grade in School 2016-2017 \_\_\_\_\_ School \_\_\_\_\_

Sacraments your child needs to receive this year: Baptism \_\_\_\_\_ Reconciliation/Communion \_\_\_\_\_ Confirmation \_\_\_\_\_

**Student's Name:** First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Place of Birth: City \_\_\_\_\_ State \_\_\_\_\_

Male \_\_\_\_\_ Female \_\_\_\_\_ Church of Baptism \_\_\_\_\_ Baptism Date \_\_\_\_/\_\_\_\_/\_\_\_\_

I have attached a copy of the Baptism Certificate to Registration Form \_\_\_\_\_ – **OR** – My child has not been baptized \_\_\_\_\_

**Mother's Name:** First \_\_\_\_\_ Maiden \_\_\_\_\_ Last \_\_\_\_\_ Religion \_\_\_\_\_

Married \_\_\_\_\_ Separated \_\_\_\_\_ Divorced \_\_\_\_\_ Remarried \_\_\_\_\_ Deceased \_\_\_\_\_ Single Parent \_\_\_\_\_

**Father's Name:** First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_ Religion \_\_\_\_\_

Married \_\_\_\_\_ Separated \_\_\_\_\_ Divorced \_\_\_\_\_ Remarried \_\_\_\_\_ Deceased \_\_\_\_\_ Single Parent \_\_\_\_\_

Has your child attended a different parish Catechetical Ministry Program? Yes / No

If Yes, which parish \_\_\_\_\_ How many years \_\_\_\_\_

Has your child attended a Catholic School? Yes / No If Yes, which school \_\_\_\_\_

1<sup>st</sup> Reconciliation Yes \_\_\_\_\_ No \_\_\_\_\_ Date: Month \_\_\_\_\_ Year \_\_\_\_\_

1<sup>st</sup> Communion Yes \_\_\_\_\_ No \_\_\_\_\_ 1<sup>st</sup> Communion Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Parish Name/Location \_\_\_\_\_

Confirmation Yes \_\_\_\_\_ No \_\_\_\_\_ Confirmation Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Parish Name/Location \_\_\_\_\_

**Note: Your family must be registered parishioners at Church of the Resurrection to participate in our Catechetical Ministry Program.**

**Parental Photo Consent:** Church of the Resurrection Catechetical Ministry Program may photograph Catechetical Ministry students in class, at prayer services or socials which may be printed in the church bulletin, Catechetical Ministry or parish newsletter or on the church website for current and future promotional purposes and recognition. The photos will not include the children's names. We would appreciate your permission to use the photographs, which may contain images of your minor child, for that purpose.

I/We, the undersigned parent(s) or guardian(s) of \_\_\_\_\_, a minor, give permission to Church of the Resurrection to use photographs in any and all promotional materials associated with the Catechetical Ministry Program.

\_\_\_\_\_  
Parent/Guardian signature \_\_\_\_\_ Date \_\_\_\_\_

**2017 – 2018 Church of the Resurrection Catechetical Ministry Program**

**EMERGENCY AND HEALTH INFORMATION**

**If this information does not apply to all children in your family, please fill out one form per child  
Information Must Be Completed**

Family Name \_\_\_\_\_ Home Phone \_\_\_\_\_  
 Home Street Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Name of Father/Guardian \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
 E-mail address \_\_\_\_\_ Prefer to contact via e-mail or phone (circle one)  
 Name of Mother/Guardian \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
 E-mail address \_\_\_\_\_ Prefer to contact via e-mail or phone (circle one)

If children do not reside with both parents, may either take child home? Yes \_\_\_ No \_\_\_

Please list all persons (**Other Than Parents**) who are authorized to pick up your child in the event of sickness, a medical emergency, or earthquake/fire disaster:

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

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

Medical Insurance: Name \_\_\_\_\_ ID# \_\_\_\_\_

I understand that Catechetical Ministry does not assume responsibility for payment of a physician in any case. However, in an emergency, Catechetical Ministry may choose a physician. Please indicate: Yes \_\_\_ No \_\_\_

Name of Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Name of Dentist \_\_\_\_\_ Phone \_\_\_\_\_

Child's Name & Faith Formation Class	List any drug, food, or other allergies (i.e. bee sting, etc.)	List any chronic illness (asthma, diabetes, heart condition, epilepsy, etc.)	List any medications taken on a regular basis	Please comment on anything else we need to know about your child

**CONSENT FOR TREATMENT**

I/We the undersigned parents or legal guardian of \_\_\_\_\_ (list all children above), a minor, do hereby authorize a representative of Resurrection Catechetical Ministry, as agent(s) for the undersigned to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care that is deemed advisable by, and is to be rendered under the general or special supervision of any physician and surgeon licensed under the provisions of the California Medicine Practice Act on the medical staff of an accredited hospital whether such diagnosis or treatment is rendered at the office of said physician or said hospital.

It is understood that this authorization is given in advance of any specific diagnosis treatment or hospital care being required but is given to provide authority and power on the part of the above-mentioned agent(s) to give specific consent to any and all such diagnosis, treatment or hospital care that the above mentioned physician in the exercise of his or her best judgment may deem advisable.

Parent or Legal Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**2017-2018 Fee Schedules**

**Registration Fees: Please make checks payable to *Church of the Resurrection***

<b>One Child: \$120</b>	<b>Two Children: \$150</b>	<b>Three or More: \$200</b>
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**Additional Sacrament Supply Fees apply the year that the Sacrament is celebrated:**

**First Reconciliation/Communion: \$50**

**Confirmation: \$75**

**Your family must be registered parishioners of Church of the Resurrection to participate in our Catechetical Ministry Program.**

Number of children registering: \_\_\_\_\_

Registration Fee: \_\_\_\_\_

Sacrament Supply Fee: \_\_\_\_\_

Total Enclosed: \_\_\_\_\_ Please make check payable to **Church of the Resurrection**

Check Number: \_\_\_\_\_

**\* A copy of the Baptism Certificate must be attached to all new student registration forms.\***

Scholarships are available for families needing financial assistance, for more information, please contact the Catechetical Ministry Office.

**Please turn in your completed registration form and fee check made payable to *Church of the Resurrection* by June 30, 2016.**

**Volunteer Sign-Up Form**

**Hours served count for Service Hours at Resurrection School**

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

E-mail \_\_\_\_\_ Best Way to Contact: \_\_\_ E-mail \_\_\_ Phone

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

**I am able to volunteer in one or more of the following areas:**

\_\_\_\_ Catechetical Ministry Class Catechist / Co-Catechist / Aide / Substitute

✓ Grade Preference \_\_\_\_\_

\_\_\_\_ Sunday 10 am Mass Children's Liturgy of the Word: Catechist / Aide (circle 1)

\_\_\_\_ Confirmation Program classroom aide / track service hours / coordinate service projects / help at retreat or field trips (circle 1 or more)

\_\_\_\_ Catechetical Ministry Office or Parish Office Helper:

Sunday Morning \_\_\_ Weekdays \_\_\_\_\_

\_\_\_\_ Assist at Catechetical Ministry field trips, workshops, or retreats

\_\_\_\_ Assist at catechist and student prayer services/socials/workshops/meetings

\_\_\_\_ Bake homemade cookies for sacrament celebration receptions or Christmas party

\_\_\_\_ Bring treats for class and program parties, or help serve

\_\_\_\_ What other gifts can you offer for Catechetical Ministry Program:

