



*“A child is not a vessel to be filled, but a lamp to be lit.”*

**Blessed Junipero Serra Parish  
OFFICE OF RELIGIOUS EDUCATION  
42121 60<sup>TH</sup> Street West, Lancaster CA 93536  
661-943-5912**

<b>OFFICE USE</b>
STATUS: <input type="checkbox"/> RETURNING <input type="checkbox"/> NEW
FAMILY ID: _____
REGISTRAR: _____

**Religious Education Registration  
2010-2011**

**FAMILY LAST NAME:** \_\_\_\_\_ **HM PHONE :**( ) \_\_\_\_\_  
**M CELL :**( ) \_\_\_\_\_  
**F CELL :**( ) \_\_\_\_\_

**MAILING ADDRESS:** \_\_\_\_\_  
 \_\_\_\_\_  
 Number/Street City Zip

**FATHER'S NAME** First: \_\_\_\_\_ Last: \_\_\_\_\_  
 Language Spoken/Read at Home (Please Check One)  English  Spanish  Other

**MOTHER'S NAME** First: \_\_\_\_\_ Maiden: \_\_\_\_\_ Last: \_\_\_\_\_  
 Language Spoken/Read at Home (Please Check One)  English  Spanish  Other

	STUDENT NAME			Sex M/F	Birth Date	BAPTISM Y/N	REC Y/N	1ST EUCH Y/N	CONF Y/N	School Grade in Sept
	LAST	FIRST	Middle							
1.										
2.										
3.										
4.										

**Day/Time of Class:** Tenderfoot  Tues.  Wed.  Thurs. 4-5:15pm/  Thurs. 5:30-6:45pm  
 Stepping Stones  Tues.  Wed.  Thurs. 4-5:15pm/  Thurs. 5:30-6:45pm  
 Pathways  Tues.  Wed.  Thurs. 4-5:15pm/  Thurs. 5:30-6:45pm  
 Trailblazers  Tues.  Wed.  Thurs. 4-5:15pm/  Thurs. 5:30-6:45pm  
 Sojourners  Thurs. 4-5:15pm/  Wed.  Thurs. 5:30-6:45pm  
 Voyagers  Thurs. 4-5:15pm/  Tues.  Wed.  Thurs. 5:30-6:45pm  
 Navigators  Thurs. 4-5:15pm/  Tues.  Wed. 5:30-6:45pm  
 Sandal Straps  Tues. 5:30-6:45pm  
 Boot Camp  Tues. 5:30-6:45pm

REG. DATE	DATES & PROGRAMS	1st Child	2nd Child	3rd Child+	# STUDENT	AMOUNT DUE
	Rel Ed- Re-registration: May 10-May 20	\$90.00	\$75.00	\$65.00		
	Rel Ed- New Registration: May 24-27/ Jun 1-4	\$95.00	\$80.00	\$70.00		
	Rel Ed- Late Registration: August 11 ONLY	\$105.00	\$90.00	\$80.00		
	Catechist Discount	\$30.00/ child enrolled in R.E.				

**A copy of each child's baptismal and birth certificate is required for registration.**

Birth Cert.  Bapt. Cert.

**A \$30.00 per child non-refundable deposit is due upon registration.**

Financial arrangements are to be made directly with the Coordinator of Religious Education.

**I WILL PAY THE 2010-2011 TUITION IN FULL.**

**PAYMENT OPTION:** I AM REQUESTING TO MAKE PAYMENTS DURING THE RELIGIOUS EDUCATION PROGRAM YEAR. THE FINAL PAYMENT TO BE MADE BY **APRIL 30** OF THE PROGRAM YEAR.

Parent/ Auth. Guardian Initials \_\_\_\_\_

DATE	PAYMENT METHOD	RECEIPT #	AMOUNT PAID	PAID BY	BALANCE DUE

FAMILY EMAIL ADDRESS: \_\_\_\_\_

CHILD LIVES WITH:  Both parents     Mother Only     Father Only     Shared Custody  
 Legal Guardian     Other: Relationship \_\_\_\_\_     Legal Documents

FATHER'S OCCUPATION: \_\_\_\_\_ WK PHONE: \_\_\_\_\_

ADDRESS: (IF DIFFERENT FROM CHILD'S) \_\_\_\_\_

RELIGION: \_\_\_\_\_

MOTHER'S OCCUPATION: \_\_\_\_\_ WK PHONE: \_\_\_\_\_

ADDRESS: (IF DIFFERENT FROM CHILD'S) \_\_\_\_\_

RELIGION: \_\_\_\_\_

### Photography Permission

From time to time pictures are taken during Religious Education and Parish life activities. We would like your permission to use these pictures on our website, in our newsletter, and/or on our bulletin boards. Your child will never be referenced by name nor any specific information regarding your child provided. Pictures of your children will be used exclusively for Blessed Junipero Serra Parish purposes.

\_\_\_\_\_ YES, I grant permission to use photos of my child(ren) on Blessed Junipero Serra Parish website, in our newsletter, and/or on our bulletin boards.    -OR-

\_\_\_\_\_ NO, I do not grant permission to use photos of my child.

## EMERGENCY/DISASTER RESPONSIBILITY

As the parent/authorized guardian, I hereby give consent to the Staff at Blessed Junipero Serra Parish, to request medical services for my child(ren) in an emergency (whenever it is necessary to preserve the life, limb or well being of the child(ren) named on this registration form).

<b>PHYSICIAN</b> to be called in an Emergency:		Tel #
<b>1 EMERGENCY CONTACT:</b>	Relationship to child(ren):	Tel #
<b>2 EMERGENCY CONTACT:</b>	Relationship to child(ren):	Tel #

<i>NAME OF CHILD</i>	<i>LIST ALL SPECIAL MEDICAL NEEDS/ALLERGIES:</i>
1	
2	
3	
4	

## TRANSPORTATION RESPONSIBILITY

I, the undersigned parent/authorized guardian, accept responsibility for transporting my child(ren) to and from Religious Education classes at Blessed Junipero Serra Parish. In addition, as the parent/guardian, I authorize the following person(s) to bring my children to and/or from classes. In an emergency, if someone other than the persons listed is to transport my child(ren), I will notify the Office of Religious Education. I hereby release Blessed Junipero Serra Parish, the Archdiocese of Los Angeles, all teachers and staff from any and all liability and/or responsibility for the transportation of my child to and from Religious Education classes. (We reserve the right to check identifications.)

<i>NAME: FIRST &amp; LAST</i>	<i>RELATIONSHIP</i>	<i>PHONE NUMBER</i>
1		
2		

I, the parent/authorized guardian of the child(ren) registered on this form, understand, give consent and agree to honor the directives listed in the **Transportation Responsibility and Emergency/Disaster Responsibility** Sections.

Date: \_\_\_\_\_ Parent's Signature \_\_\_\_\_

PRINT Name: \_\_\_\_\_ Reviewed By: \_\_\_\_\_