

# CHURCH OF THE BEATITUDES OF OUR LORD

## FAITH FORMATION REGISTRATION FORM 2021-2022

PLEASE COMPLETE THIS REGISTRATION FORM ALONG WITH A COPY OF YOUR CHILD'S  
 BAPTISMAL CERTIFICATE \$50 Non-Sacramental non-refundable fee per each student  
 \$100 First Communion non-refundable fee per each student  
 \$175 Confirmation non-refundable fee per each student

CHILD (CHILDREN) LIVES WITH ☐ MOTHER ☐ FATHER ☐ BOTH (CHECK ONLY ONE)

**PLEASE PRINT CLEARLY**

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

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

Family Email: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Father's Cell Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Father's Email: \_\_\_\_\_

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

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

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Mother's Email: \_\_\_\_\_

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

Mother's Cell Phone: \_\_\_\_\_

EMERGENCY CONTACT (Name/Relationship/Phone#): \_\_\_\_\_

**\*\*EMERGENCY CONTACT (Name/Relationship/Phone#): \_\_\_\_\_**

Please Print: Child's <u>BAPTISMAL</u> First name, and Last name	Date of Birth	Male/ Female	School and Grade (as of Sept 2021)	Date of Baptism

Last Name \_\_\_\_\_

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

Please answer the following questions in order to insure a safe and productive learning environment:

1. Do any of your children have a medical condition and/or severe allergy that we should know about? YES / NO

If "yes", list condition/allergy \_\_\_\_\_

Does this require an EpiPen? YES / NO Child's Name \_\_\_\_\_

2. Please let us know if your child has been diagnosed with any of the following:

ADD ☐ ADHD ☐ AIS ☐ ASD ☐ Down Syndrome OTHER \_\_\_\_\_

If so, which Child's Name \_\_\_\_\_

Does your child require any of the following services: (Check all appropriate.)

Vision Services \_\_\_ ESL \_\_\_ Hearing Services \_\_\_

Other (list type) \_\_\_\_\_

My Child: \_\_\_\_\_

Grade Level: \_\_\_\_\_

Has the following severe allergy (allergies) that we need to know about:

\_\_\_\_\_

Has the following medical condition/concern: \_\_\_\_\_

\_\_\_\_\_

Does my child's teacher need to know this information?

\_\_\_\_\_

3. Are there any special family situations of which we need to be aware? YES / NO If yes, please explain.

\_\_\_\_\_

By signing this document, I give permission for my child/children/youth to participate in this faith formation program, whether conducted onsite or online.

PARENT/ GAURDIAN SIGNATURE: SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Are there any adult family members who want or need Baptism, Confirmation, or Eucharist?

\_\_\_\_\_ Yes or \_\_\_\_\_ No

Do they wish to be called about joining RCIA?

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

Church of the Beatitudes of Our Lord  
Empowering God's Children and Young People©  
Permission Slip  
2021-2022

To: Parent or Guardian

From: Faith Formation Program

Subject: Empowering God's Children and Young People© Safety Program

Date: June 21, 2021

We at Beatitudes of Our Lord Faith Formation Program are committed to your child's safety and wellbeing. 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 during the month of November. 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 us at Church of the Beatitudes of Our Lord.

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Beatitudes of Our Lord Faith Formation  
Empowering God Children and Young People© Safety Program  
Parent Permission Slip  
2021-2022

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 to Beatitudes of Our Lord Faith Formation Program. I am specifically giving permission for the Empowering God Children and Young People© Safety Program to be presented to my child.

Child's Name (printed):

Grade:\_\_\_\_\_

\_\_\_\_\_

Parent/Guardian Name (printed):

\_\_\_\_\_

Parent/Guardian Signature:

Date:

\_\_\_\_\_

\_\_\_\_\_

## CHURCH OF THE BEATITUDES OF OUR LORD VIDEO/PHOTOGRAPH RELEASE FORM

From time to time, we take pictures and video of the students at events and gatherings. We would like to be able to use these photographs and videos for flyers, parish and diocesan publications, and the parish website. To do this, we need the parents' consent. We will not use the last names of any individual whose photos or videos are posted. If there are concerns about the pictures or videos posted on the website, please contact the Coordinator or webmaster and they will promptly be removed.

I/We the parent(s) of students' name \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
authorize and give full consent, without limitation or reservation, to Church of the Beatitudes of Our Lord, to publish any photographs or videos in which the above named student appears while participating in any program with the Church of the Beatitudes of Our Lord Faith Formation. There will be no compensation for use of any photographs at the time of publication or in the future.

Parent/Guardian's First and Last Name: \_\_\_\_\_

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

### PARENT PLEDGE

I have chosen to enroll and participate in my child's Faith Formation at Church of the Beatitudes of Our Lord. I understand that the parish provides a place for my family to grow and be nourished in our personal relationship with Jesus through prayer, study of scripture, generosity, and liturgy. I promise to support my child's faith formation at church and home by:

- Practicing my faith and being an example to my family.
- Attending and participating in Sunday Mass every week.
- Daily prayer such as morning offering, night prayer, grace before and after meals
- Attend all the Conferences for Parents Initial \_\_\_\_\_
- PUNCTUALITY: Being on time is an excellent way to show your child that attendance in Faith Formation is important.

More than two (2) unexcused absences will be cause for evaluation of the student's placement in the program.  
Sports or extracurricular activities do not fall into the category of excused absences Initial \_\_\_\_\_

### COMMUNICATIONS

I authorize Church of the Beatitudes of Our Lord Faith Formation Program to send me by e-mail and text messages, all the information about the catechesis and the different celebrations in the Parish, such as Masses, classes, parents meetings, training sessions for parents and guardians. Initial \_\_\_\_\_