

Holy Rosary † St. Mary's Catholic Church
Hilmar † Stevinson
Religious Education Registration 2024-2025

FOR OFFICE USE ONLY

- Baptism
- Eucharist YR1 YR2
- Confirmation YR1 YR2

Family Name _____ Child/Children live(s) with _____

Father _____ Mother _____

(Full Name) Catholic Yes No

Marital Status S M D W

Married through the Catholic Church? Yes No

(Full Name) Catholic Yes No

Marital Status S M D W

Married through the Catholic Church? Yes No

Same as Father

Mailing PO BOX _____

Mailing PO BOX _____

Home _____

Home _____

Email _____

Email _____

Mobile # _____

Mobile # _____

Emergency Contact _____

Phone # _____ Relationship _____

Is your family registered in this Parish? Yes No Registration # _____ (Would you like to register? Yes No)

REGISTERING THE FOLLOWING CHILDREN

Child's Name _____ Birthdate _____ Grade (this fall) _____

(Full Name)

Class Selection A B C D E F G H I J

Baptized Yes No Year _____ Parish _____ (Church Name, Town)

1st Communion Yes No Year _____ Parish _____ (Church Name, Town)

Please indicate any of the following sacraments needed, medical problems/concerns, learning disabilities, and custody situations.

(All information will be kept private.) _____

Child's Name _____ Birthdate _____ Grade (this fall) _____

(Full Name)

Class Selection A B C D E F G H I J

Baptized Yes No Year _____ Parish _____ (Church Name, Town)

1st Communion Yes No Year _____ Parish _____ (Church Name, Town)

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(All information will be kept private.) _____

CLASS SELECTIONS

SUNDAY (Holy Rosary)	TUESDAY (Holy Rosary)	WEDNESDAY (Holy Rosary)	THURSDAY (St. Mary's)
<p>A 8:30am-9:45am Kindergarten - 6th Grade</p> <p>B 8:30am-9:45am O.C.I.A. - Order of Christian Initiation for Adults (Adults over the age of 18 and out of High School who are looking to receive their Sacraments.)</p>	<p>C 2:30pm-3:45pm Kindergarten - 3rd Grade</p> <p>D 4:00pm-5:15pm 4th Grade - 6th Grade</p> <p>E 4:00pm-5:15pm SACRAMENTAL PREP 4th Grade - 6th Grade (This session is for students needing to receive Baptism and/or 1st Holy Communion)</p>	<p>F 6:45pm-8:30pm 7th Grade - 8th Grade</p> <p>G 6:45pm-8:30pm 9th Grade - 10th Grade 1st Year Confirmation</p> <p>H 6:45pm-8:30pm 9th Grade - 10th Grade 2nd Year Confirmation</p> <p>I 6:45pm-8:30pm SACRAMENTAL PREP 7th Grade - 12th Grade (This session is for students needing to receive Baptism and/or 1st Holy Communion)</p>	<p>J 2:15pm - 3:30pm 1st - 5th Grade</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>Classes are filled on a FIRST COME, FIRST SERVED BASIS. Please return your registration form as soon as possible to ensure class(es) selected are available. Incomplete forms will be returned.</p> </div>

REGISTRATION FEE (deadline of August 15, 2024):

\$50 per child (Not including Sacramental Program Fees.)

Sacramental Formation (First Holy Communion & Confirmation)

\$25 per child (fee is for 1st and 2nd year of program - does not include Confirmation retreat fees)

Please return this form and check payable to: **Holy Rosary Church**
(please do not mail cash)
Office of Religious Education
Post Office Box 429
Hilmar CA 95324

Registration	\$50 per child x _____	= \$ _____
Sacramental Program	\$25 per child x _____	= \$ _____
TOTAL		\$ _____
(Total per family not to exceed \$200)		

If all items are not submitted, the form will be considered incomplete and will be returned.

Students must be pre-registered in order to begin classes.

No student will be allowed to attend class without registration. Thank you!

RELIGIOUS EDUCATION CLASSES BEGIN THE WEEK OF September 10th - 16th, 2024

Please direct any questions to Annie Leandro at 209.632.7163 or email HolyRosaryStMarysCCD@gmail.com

Holy Rosary † St. Mary's Religious Education Parent Authorization Form for Student Participation in the Safe Environment Education Program. In compliance with the Diocese of Fresno Safe Environment Program, students in Religious Education Program will receive age appropriate educational information during one regular class session during the upcoming school year. Please sign this form giving your child(ren) permission. This also gives permission for field trips and watching movies including the "Passion of the Christ" during Lent. You will be notified when events will be taking place.

_____ Yes, I give permission for my son(s)/daughter(s) to participate in the safe environment program through attendance at the age appropriate educational session offered during the regular religious education class at Holy Rosary † St. Mary's Church.

_____ No, I do not give permission for my son(s)/daughter(s) to participate in the safe environment program through attendance at the age appropriate educational session offered during the regular religious education class at Holy Rosary † St. Mary's Church.

Parent Signature _____ Date _____

(OFFICE USE ONLY)

Date Paid _____	PC Updated _____	Comments _____
Amount _____	Family Page _____	_____
Cash/Check # _____	Student Page _____	_____
Receipt _____	Registration _____	Confirmation Sent _____

Please do not let financial difficulties be an obstacle for your child's/children's religious education. Call the office or send a note with your registration form to learn about payment plans available.

Select a minimum of three (3) activities/events that you are willing to help with during this coming 2024-2025 CCD season.

This is a great opportunity for you & your family to work together to serve our Holy Rosary Parish!

(If you have questions regarding any of these items, just give Annie a call for a description of what will be asked of you and your time.)

Children's Liturgy (September - May)

- Lead Session During Sunday 10am Mass (you will be asked to lead 1-3 sessions during the season)

CCD (September - May)

- Classroom Clean Up / Set Up
- Snacks (Set Up / Donations)
- Classroom Helper
- Substitute Teacher
- Drop Off / Pick Up Supervision
- End of Year Celebrations

Holy Rosary Festa (October)

- Flyers
- Bazaar
- Restaurant
- Bode de Leite

Christmas Caroling (December)

-

Christmas (December)

- Christmas Eve Vigil Mass

Easter Egg Hunt (April)

- Field Set Up / Dispersing Eggs
- Prize Room
- Field Clean Up

First Reconciliation (April)

-

First Communion (May)

-

Vacation Bible School (May/June)

-

Confirmation (Retreat dates are still to be scheduled)

- 1st Year Confirmation Retreat (for 2nd Year Confirmation Parents)
- 2nd Year Confirmation Retreat (for 1st Year Confirmation Parents)
- Sacrament of Confirmation Day

The best way to teach & encourage our boys and girls to live out their faith is by **EXAMPLE**. The success of our Religious Education program depends on **ALL** our families working & serving **TOGETHER!**



Sacramental Register Information

FIRST HOLY COMMUNION † CONFIRMATION 2024 - 2025

As this information will appear on your child's certificate and be entered into parish records, please print legibly.
If you are registered elsewhere, we require a letter from your pastor granting permission
for your child to receive First Holy Communion † Confirmation at Holy Rosary † St. Mary's. *Thank you!*

Please note the Sacrament needed:

First Holy Communion Confirmation

Child's (full) Name: _____

Father's (full) Name: _____

Mother's (full MAIDEN) Name: _____

Date of BIRTH: ____/____/____

Location of Birth City/State: _____, _____

Date of BAPTISM: ____/____/____ Church: _____

Address: _____

Date of FIRST HOLY COMMUNION: ____/____/____ Church: _____

Address: _____

_____ If the baptism was at Holy Rosary, check here; otherwise,
ATTACH A COPY OF THE BAPTISMAL CERTIFICATE WITH THIS COMPLETED FORM.

*Please return this completed form to the parish office with your Religious Education Registration form,
along with the appropriate fees. All fees are listed on the registration form.
If you need a payment plan please contact Annie Leandro at 632-7163.*

Diocese of Fresno (DOF) and Entities of the Diocese of Fresno: Code of Conduct Agreement for Participants under the age of 18 and Non Participating Parents or Guardians

NAME OF PARISH OR SCHOOL	Holy Rosary † St. Mary's Church	NAME OF GROUP	Religious Education Department
NAME OF EVENT	2024-2025 Parish / School <i>(Use Event Form for Individual Activities or Events)</i>		

In order to participate in any youth activities sponsored by DOF, all youth participants, under the age of 18, and a parent or legal guardian must sign that they have read and agree to the following:

PARTICIPANT AGREEMENT (under the age of 18):

I agree to politely obey the requests and directions of the adult leaders.

I agree to stay with my assigned group or buddy at all times.

I agree to participate in the approved activities at all times.

I agree to dress appropriately at all times.

If the event involves an overnight stay, I agree to stay in my assigned room and observe the bedtime and quiet hours schedule until group activities begin the next day unless otherwise directed by an adult leader.

I agree to be on time to activities and will observe all check-in rules.

I agree to treat others with respect and will not engage in behavior that reflects poorly on me or the group which includes, but not limited to: stealing, swearing, fighting, being physically or verbally abusive, being dishonest, damaging property, threatening others, or engaging in disruptive behavior.

I agree not to participate in hazing, teasing, bullying, or similar activities.

I agree not to engage in any illegal activities including, but not limited to: smoking, using drugs, gambling, possession of tobacco, drugs, or any weapons.

As a participant, I will take responsibility for my actions and understand that I will be sent home if I do not comply with this Code of Conduct to the satisfaction of the adult leaders.

PRINT NAME OF PARTICIPANT	SIGNATURE OF PARTICIPANT
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PARENT / GUARDIAN AGREEMENT (requires signature and all contact information)

I have reviewed the Code of Conduct with my child. He or she understands that the Code of Conduct and promises to comply with the demands in order to participate.

If my child does not comply with this Code of Conduct to the satisfaction of the adult leaders, I agree to immediately retrieve my child from the activity or event, at my own expense.

PRINT NAME OF PARENT / GUARDIAN	SIGNATURE OF PARENT / GUARDIAN
HOME PHONE NUMBER	WORK PHONE NUMBER
CELLULAR NUMBER	OTHER MEANS OF CONTACT

Diocese of Fresno (DOF) and all Entities of the Diocese of Fresno: Permission for a Minor to Participate in a DOF Activities, Release of Liability, and Consent for Emergency Medical Treatment

Parent / Guardian: In order for your child to attend and/or participate in DOF sponsored events, activities, or sports during this calendar year, you must give your signed permission by completing this ANNUAL form. In addition to this form, you will also be required to sign permission PR21 Event Forms for you child to participate in specific DOF sponsored events, activities and sports conducted off parish grounds

NAME OF PARISH OR SCHOOL Holy Rosary † St. Mary's Church	NAME OF GROUP Religious Education Department
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I, the undersigned parent or legal guardian, voluntarily wish to give permission for and request that my child be allowed to attend and participate in DOF-sponsored events and activities during this calendar year including those conducted off parish grounds. My child is physically fit and capable of participating in DOF events and activities. I have informed my child to cooperate and conform with the rules, guidelines, and instructions given by DOF personnel or agents, or chaperones, or responsible for DOF events and activities. If requested, I will sign a permission and release PR20 Form for each specific event or activity conducted off DOF grounds. I reserve the right to disallow my child to participate in DOF -sponsored events by notifying the leader in writing.

I understand that participation in this activity involves some risk (including any travel to and from this activity) and that unforeseen occurrences can arise. I am informed and agree that transportation, if involved, may be provided by volunteers, parents, private individuals, or approved commercial operators who are believed to be reliable and insured, but are not under the supervision or control of the Diocese of Fresno.

In exchange for permitting my child to participate in this voluntary activity, I waive and give up all claims (and the right to file a lawsuit) which I or my child (and our successors, heirs, and assigns) may have against DOF. I release and discharge the DOF from all liability or responsibility for death, illness, personal injury, or property damage arising out of DOF activity and any transportation involved with the DOF activities.

In the event of an emergency and if the DOF is unable to contact me, I authorize the DOF personal or other adult leadership of a parish-sponsored event or activity, at my expense, to secure and consent to x-ray examination, medical, dental, or surgical diagnosis, treatment, and hospital care advised and supervised by a duly licensed physician, surgeon, or dentist. I expect to be contacted as soon as possible. I agree that if emergency medical or dental services are required for my child, the DOF will not be responsible to pay for any medical or dental expenses. A copy or digital image of this form shall be valid as the original and may be given to the adult leader of parish-sponsored activities.

This permission, waiver, release, and consent applies to the DOF named, including but not limited to the Diocese of Fresno Education Corporation; the Roman Catholic Bishop of Fresno (a corporate sole); the Diocese of Fresno; other Fresno Diocesan Parishes and Schools; affiliated organizations and officers; clergy; agents; and employees.

This waiver and release form is signed in order for my child to participate in the DOF -sponsored events and activities for my child's own personal enjoyment and benefit and is done so freely with the knowledge of the risk and dangers that are or may be involved.

I authorize any hospital which has provided treatment to the named participant pursuant to the provisions of Family code section 6910 to surrender physical custody of such minor to the DOF representative upon the completion of treatment. This authorization is given pursuant to Health and Safety Code section 1283.

I, the undersigned, have read this release and understand all of its terms. I request that my child be allowed to participate in DOF -sponsored events and activities. I execute this form voluntarily and with full knowledge of its significance. I have discussed the above with my child, and my child is aware of and understands the importance of following all rules set out for these events, activities, or sports. A copy or digital image of this form shall be as valid as the original authorization and may be given to the adult leader of the events, activities, or sports.

PRINT NAME OF PARTICIPANT	DATE
PRINT NAME OF PARENT / LEGAL GUARDIAN	SIGNATURE OF PARENT / LEGAL GUARDIAN

Diocese of Fresno (DOF) and all Entities of the Diocese of Fresno : Permission for a Minor to Participate in DOF Activities, Release of Liability, and Consent for Emergency Medical Treatment

The following information is provided for the benefit of the parish in case of an emergency.

PRINT NAME OF PARTICIPANT		DATE OF BIRTH	
PRINT NAME OF PARENT / LEGAL GUARDIAN		PAGER / CELLULAR TELEPHONE NUMBER	
DAYTIME TELEPHONE	<input type="checkbox"/> HOME <input type="checkbox"/> WORK	EVENING TELEPHONE	<input type="checkbox"/> HOME <input type="checkbox"/> WORK
EMERGENCY CONTACT (OTHER THAN PARENT / GUARDIAN)			RELATIONSHIP
EMERGENCY CONTACT DAYTIME TELEPHONE	<input type="checkbox"/> HOME <input type="checkbox"/> WORK	EMERGENCY CONTACT EVENING TELEPHONE	<input type="checkbox"/> HOME <input type="checkbox"/> WORK
ALLERGIES (FOODS, DRUGS, INSECTS, ETC.)			
MEDICATIONS (NAME, DOSAGE, TREATMENT)			
IF ANY MEDICATION IS LISTED: FORMS R18 OR R19 MUST BE COMPLETED AND ATTACHED			
OTHER INFORMATION			

DOCTOR'S / MEDICAL GROUP INFORMATION

FAMILY DOCTOR OR MEDICAL GROUP

DOCTOR'S TELEPHONE

No Family Physician Listed

DENTIST'S NAME OR MEDICAL GROUP

DENTIST'S NAME TELEPHONE

ORTHODONTIST'S NAME OR MEDICAL GROUP

ORTHODONTIST'S NAME TELEPHONE

INSURANCE INFORMATION

INSURANCE COMPANY

POLICY HOLDER'S NAME

INSURANCE GROUP OR ID NUMBER

No insurance Listed

DATE RECEIVED AND BY