

St. Adelaide Church, Highland, CA.
Religious Education - Registration Form 2026-2027

Status: New Returning.

Staff Only/Class

(1) Child name (Last name first): _____

_____ catholic: Yes ___ No ___

Gender: Male Female Child Birth Date: _____ Child School Grade 2025-2026: _____

Baptism: Y/N when _____ **Reconciliation Y/N when** _____ **Eucharist Y/N when** _____

Child (1) Parents -NOTES: Special needs? (Medical, Learning Disabilities, Physical Disabilities, etc.)

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(2) Child name (Last name first) _____

_____ catholic: Yes ___ No ___

Gender: Male Female Child Birth Date: _____ Child School Grade 2025-2026: _____

Baptism: Y/N when _____ **Reconciliation Y/N when** _____ **Eucharist Y/N when** _____

Child (2) Parents -NOTES: Special needs? (Medical, Learning Disabilities, Physical Disabilities, etc.)

Father's full name: _____

Mother's Full Name: _____

Address: _____ City _____ Zip code _____

Home Phone: _____

Father E-mail: _____ cell #: _____

Mother E-mail: _____ cell #: _____

The child lives with: Father and Mother – Father only – Mother only – Grandparents _____

Emergency Contact Information

Name (First and Last name) _____ Relation to the child _____

Phone # _____ (Emergency contact information will be used if we are unable to reach parents at the above-listed phone numbers)

Early Registration (Returning Students): **\$100 per student from April 22 to May 15, 2025.** Pay Online or in person.

Regular Registration (New and Returning Students): **\$110 per student. We will notify you of the dates soon (In-person).** Online July 1st – Aug. 31

Late Registration (All Students): **\$120 per student after September 1st.** Pay online only or call to schedule an appointment if available.

Plus: Youth Confirmation Retreat fees: Confirmation Year 1: \$100, Confirmation Year 2: \$220

- Tuition and retreat fees paid are non-refundable.

*** Tuition and a copy of the sacramental record must be submitted with this form to complete the Registration**

Please acknowledge the following: Mark your Initials

- I understand I will receive the calendar of formation session dates and required sacrament preparation dates at the time of the week of the **Parents Orientation (Sept 14,15,16,17, 2026)** _____ (initials)
- Attendance at ongoing formation (with no more than 3 absences), sacrament preparation sessions (for all participants), and retreats (for all participants) is required for those preparing for the sacraments. _____ (initials)
- I authorize photographs of my child **ONLY** for St. Adelaide Church's use, such as the Program's activities posted in the bulletin or the Church's Facebook page. _____ (initials) I am not authorizing _____(initials)
- Children in Sacramental Preparation (**Reconciliation, Eucharist, Late Sacraments**) will have additional immediate sacrament sessions, Family Catechesis, retreats, and rehearsals that they **must attend**. At least one parent must accompany their child to each event. They are also **required** to attend Mass every Sunday. All sessions, Family catechesis, retreats, rehearsals, and some Parents' classes must be attended to receive the sacrament. _____ (initials)
- Children enrolled in Bilingual formation must be able to speak, read, and write Spanish. _____ (initials)
- **Confirmation 1 and 2 youth must attend ongoing formation (with no more than 3 absences), must attend Sunday Mass, annual retreats, monthly youth ministry sessions and activities, and students must complete 10 hrs. in liturgical(church) and 10 hrs. in ministry, a total of 20 hours of service each year. Parents must require 5 hrs. of service each year, assisting in classrooms or activities in the youth ministry.** _____(initials)
- All communications are sent through **Remind** to the participant's parent or guardian only. (**except for the Confirmation Program, students must be registered as well**) Parents/guardians and youth ensure the Faith Formation staff have your current email addresses and cell phone numbers. _____ (initials)

Sacrament preparation is a two-year process:

- **Reconciliation/Eucharist:** The Child must be in the second grade of the school year.
- **Confirmation:** Youth must be 16 years old when they receive the sacrament of Confirmation.

Participation in the faith formation program is only one part of your family's responsibility as members of the St. Adelaide Catholic Church community. At Baptism, as parents or guardians, you promise to bring your child up in the Catholic faith. This means teaching them how to pray, worship, and serve others, and participating in mass, as parents are the first catechists of their children. A Parent or guardian has to choose at least two dates to assist/help in the classroom with your child if it is asked _____ (Initials)

As the parent/guardian of the child/children, I am registering for the formation. I am responsible for providing the Faith Formation staff with the listed documents to complete the registration process.

I acknowledge that the guidelines and information contained in the registration documents are true and accurate.

Parent/Guardian Signature: _____ **Date** _____

Tuition due: _____ Tuition Paid: _____ Form (Check, Cash, CC & # Receipt): _____

Staff Signature: _____

Requirements & Responsibilities / Requisitos y Responsabilidades de Formación

St. Adelaide Church, Highland, CA

**Please write your initials on the lines*

May we give your son/daughter over-the-counter pain medication for headaches? If so, circle the medication of

choice: **Advil - Tylenol - Aleve - Ibuprofen - Generic Brand**

● I also understand that in the event medical intervention is necessary, every attempt will be made to contact immediately the persons listed on this form. Suppose I am unavailable to be reached in an emergency during the activity dates listed on this form. In that case, I give my permission to the physician or dentist selected by the activity leader to hospitalize, secure medical treatment, and/or order an injection, anesthesia, or surgery for my child as deemed necessary. _____

● I understand all reasonable safety precautions will be taken by all St. Adelaide staff members and its agents during the events and activities. I understand the possibility of unforeseen hazards and know the inherent possibility or risk exists. I agree not to hold St. Adelaide Catholic Church, its leaders, employees, and volunteers liable for damages, losses, diseases, or injuries incurred by the subject of this form. _____

(Español) Requisitos y Responsabilidades de Formación

Favor de escribir sus iniciales en las líneas

¿Podemos darle a su hijo/a un medicamento para el dolor de cabeza que no requiere prescripción médica? Si es así, circule el medicamento de su preferencia:

Advil - Tylenol - Aleve - Ibuprofen - Generic Brand

- *También entiendo que en el caso de que se requiera intervención médica, todo esfuerzo se hará para contactar a la persona que esta mencionada en esta forma. En el dado caso de que yo no pueda ser localizado/a en una emergencia durante las fechas del evento mencionadas en esta forma, yo le doy permiso al médico o dentista seleccionado por el líder del evento para hospitalizarme y asegurar tratamiento médico y/o inyección, anestesia o cirugía que sea necesaria para mi hijo/a. _____*
- *Entiendo que todas las precauciones de seguridad estarán en efecto a todo momento por todo personal de St. Adelaide church y sus agentes durante el evento y sus actividades. Entiendo la posibilidad de algún peligro imprevisto y sé que existe un riesgo inherente. Estoy de acuerdo a no hacer responsables a St.*

Adelaide Church, a sus líderes, empleados y voluntarios, por daños causados, pérdidas, enfermedades o heridas incurridas por el sujeto mencionado en esta forma. [REDACTED]