



St Joseph Catholic Church Religious Education

Please Fill out the Registration m Completely

Families **MUST** be registered at St. Joseph Catholic Church and this is the parish that you participate at Mass on Sunday. Please fill in ALL information as requested. Each child/youth must have a copy of their Baptismal certificate on file. Last day for Registration is October 2, 2022.

Fees are due and payable at the time of registration. 1child—\$60, 2 children —\$80, 3 or more children —\$100

Family Name: _____

Father's Full Name _____ lives with child Y N

Mother's Full Name _____ lives with child Y N

Mailing Address: _____

City _____ Zip _____ Phone: _____ Cell: _____

E-Mail Address: _____

Emergency Contact Person: Name & Ph: _____

Child's Legal Name (as it appears on baptismal certificate) Son Daughter Grandchild (circle)

_____ Name child goes by _____

Age _____ Birth date _____ Grade in School _____

Special Needs _____

Sessions: SUNDAY 9:15—10:45 AM

1— 8 Grade

CONFIRMATION YOUTH GROUP

9—12 Grade SUNDAY 5:00 –7:00 PM

FAMILY SACRAMENTAL PREP ONE SUNDAY PER MONTH 5:00– 7:00 PM Parent attendance required

Has the child received: Baptism? Yes No Date: __/__/__ Catholic? Yes No Where?

Has the child received: Reconciliation (Confession) Yes No Date: __/__/__ Where?

Has the child received: Eucharist (Communion)? Yes No Date: __/__/__ Where?

Has the child received: Confirmation? Yes No Date: __/__/__ Where?

Copies of all certificates must be on file in the church office

Office Use Only

Sacrament Prep for Baptism ☐

Sacrament Prep for Eucharist ☐

Sacrament Prep for Reconciliation ☐

Sacrament Prep for Confirmation ☐

Safe Environment

Catholic values and conduct must be upheld by all staff, catechist, volunteer and participant while participating at St. Joseph Catholic Church.

Those that are directly responsible for the supervision of minors will abide by St. Joseph Catholic Church Safe Environment Policy.

All minors enrolled in St. Joseph Catholic Church catechetical process are required to be trained ,with age appropriate material, for personal safety and personal boundaries, proper touch and proper relationships.

All children and youth must be sign-in at the start of the session when dropped off and sign-out when picked up.

In case of accident or illness, I request that the representative of the parish catechetical program contact me. If I am unable to be reached I hereby authorize this representative to call the physician indicated and to follow the physician's instructions. If it is impossible to contact this physician, the representative of the parish catechetical program may make whatever arrangements seems necessary. I agree to assume the financial responsibility for any diagnosis, treatment and/or medication deemed necessary.

To the best of my knowledge all information given is accurate and complete. I hereby consent to, and authorize the necessary procedures that have been stated above.

Photo Release I hereby authorize St. Joseph Catholic Church, Diocese of San Bernardino to use photograph/image of the child listed. I agree that this photograph/image shall be free for use without charge or obligation. It is understood that said photograph/image will not be used for any for-profit commercial purpose without express written approval

I have read and agree to the above information

PARENT/GUARDIAN

SIGNATURE: _____ **DATE:** _____

Notes:

Tuition Amount _____ Sac material fee _____ Amount Paid _____
Cash _____ Check # _____ CC _____ By: _____

ST. JOSEPH RELIGIOUS EDUCATION

PARENT OBLIGATION

I, _____, parent of _____ agree to the following regarding Religious Education and Confirmation.

Please Initial:

_____ I will teach my child/children their prayers and pray with them daily.

_____ I understand that my child must know all of their prayers in order for them to receive their Sacraments.

_____ I understand that my if my child is in Confirmation they must complete 30 service hours each year that they are in Confirmation.

_____ I will do my best to follow the precepts of the church.

- To attend Mass on all Sundays and Holy Days of Obligation and resting from servile works.
- To observe the days of abstinence and fasting.
- To confess our sins to a priest often.
- To receive Our Lord Jesus Christ in the Holy Eucharist often.
- To contribute to the support of the Church.
- To obey the laws of the Church concerning matrimony.
- To participate in the Church's mission of Evangelization of Souls, (Missionary Spirit of the Church)

_____ Our family will attend weekly Mass and Holy Days of Obligation.

_____ I understand my child must be 16 years old by April 1, of the year that he/she will receive their confirmation.

Parent Signature _____ Date _____

Appendix 3

DIOCESE OF SAN BERNARDINO
SAFE ENVIRONMENT POLICY FOR THE PROTECTION OF CHILDREN AND YOUNG PEOPLE AND
CODE OF PASTORAL CONDUCT

EMERGENCY INFORMATION CARD SAMPLE

Family Last Name _____		Diocese of San Bernardino		Emergency Information	
One Card for Each Family			<u>Print all information</u>		
Last Name	<input type="checkbox"/>	Home Address/City/Zip	<input type="checkbox"/>	Cell phone	Home Phone
Father - First Name – (last if different)	<input type="checkbox"/>	Employer/Address	<input type="checkbox"/>	Cell Phone	Work Phone
Mother - First Name – (last if different)	<input type="checkbox"/>	Employer/Address	<input type="checkbox"/>	Cell phone	Work Phone
Those Authorized to pick my child/children (Use other side of card if needed)					
Name	<input type="checkbox"/>	Address	<input type="checkbox"/>	Cell phone	Home Phone
	<input type="checkbox"/>		<input type="checkbox"/>		
	<input type="checkbox"/>		<input type="checkbox"/>		
	<input type="checkbox"/>		<input type="checkbox"/>		
Pupil - First Name – (last if different)					
	Date of Birth	Grade	Precautions	Allergies	Medications

1. Each Parish or School must have a written policy for dropping off and picking up students or participants for:
 - Schools or Catechetical Ministry programs
 - Any Other Programs
 - Any Other Activities
2. Each Parish or School must describe the supervision before, during and after classes, programs or other activities.
3. Each Parish or School must have documentation form that the parents sign when they drop off and/or pick up their child.

This form can be obtained from the Offices of Catholic Schools or Catechetical Ministry Offices

CATHOLIC MUTUAL

HEALTH FORM

Name of Student:

Date of Birth:

Address:

Phone:

Age

Sex

Height

Weight

Social Security Number

EMERGENCY CONTACT PERSON:

Parent/Guardian Name:

Address (If different from student):

Phone (Home)

Work:

ALTERNATE CONTACT PERSON (Use someone near the primary contact)

Name:

Address:

Phone (Home) _____ Work: _____

IF YOU HAVE MEDIAL INSURANCE, YOUR CARRIER WILL BE BILLED FOR MEDICAL CHARGES IN THE CASE OF ILLNESS OR INJURY WHILE YOUR CHILD IS AT THE ACTIVITY.

Do you have health insurance? ☐ Yes ☐ No

Name of insurance company:

Policy #

Group #

In whose name is the insurance listed?

Do you have a family doctor? ☐ Yes ☐ No

If so, name and address:

Phone:

If your child should require medical attention for injuries received or illnesses contracted prior to activity, please send us the necessary information to give him/her proper medical care during his/her time with the youth ministry activity.

HEALTH HISTORY:

Any pre-existing or present medical conditions:

Name and dosage of any medications that must be taken:

ALLERGIES

☐ Hay Fever ☐ Heart Condition ☐ Diabetes ☐ Asthma ☐ Insect Stings
☐ Epilepsy/Nervous Disorders ☐ Frequent Stomach Upsets ☐ Physical Handicap

Any major illnesses during the past year:

Date of last Tetanus shot?

Contact lenses? ☐ Yes ☐ No

Any swimming restrictions? ☐ Yes ☐ No

What restrictions?

Any activity restrictions? ☐ Yes ☐ No

What restrictions?

PARENT MEDICAL AND LIABILITY RELEASE STATEMENT

I understand that in the event medical intervention is necessary, every attempt will be made to contact immediately the persons listed on this form. If I cannot be reached in an emergency during the activity dates shown on this form, I give my permission to the physician or dentist selected by the activity leader to hospitalize, to 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 at all times by and its agents during the events and activities. I understand the possibility of unforeseen hazards and know there is the inherent possibility or risk. I agree not to hold , its leaders, employees and volunteers liable for damages, losses, diseases, or injuries incurred by the subject of this form.

Parent / Guardian Signature

Date

Signature of Student (If over 18 years of age)

Date

CATHOLIC MUTUAL GROUP
1201 East Highland Avenue
SAN BERNARDINO CA 92404- 4641
PHONE # 909-886-001 FAX # 909-883-9311



Dear Parents:

According to the Diocese of San Bernardino, your child must have turned 8 years of age before receiving the Sacrament of Reconciliation and First Communion.

Your child must have turned 16 years of age before receiving the Sacrament of Confirmation.

Please sign below that you have read this information.

Thank you and God Bless

Parent Signature: _____

Print Name: _____

Child's Name: Please print _____

St. Joseph's Parish Registration Form

42242 North Shore Drive., Big Bear Lake, CA 92315

Please fill out the Registration Form completely

Welcome to St. Joseph's Parish! We need this detailed information on all our parishioners so that we may better serve the needs of our community. If you have any questions regarding this form or any other special concerns, please contact the Parish Office at 909-866-3030.

Today's Date _____

Mark one: ☐ Mr. & Mrs. ☐ Mr. ☐ Mrs. ☐ Miss ☐ Other (specify) _____

Family Last Name: _____

Address: _____ City: _____ Zip: _____

P.O. Box: _____ City: _____ Zip: _____

Phone: _____ Emergency phone: _____

Cell: _____ Email: _____

Previous Parish _____ City: _____

Would you like to receive donation envelopes in the mail? Yes ☐ No ☐

Mark one: ☒ Head of Household

First Name: _____

Mark one: ☐ Male ☐ Female

Maiden Name: _____

Date of Birth (mm/dd/yy) ____/____/____

Email: _____

Work/Cell phone: _____

Primary Language: _____

Language(s) known other than English: _____

Occupation/Employer: _____

Religion: ☐ Catholic ☐ Other (specify) _____

Sacraments received (please indicate date sacrament was received):

Baptism? ____/____/____ Reconciliation? ____/____/____

Eucharist? ____/____/____ Confirmation? ____/____/____

Marital Status: Married by a Catholic Priest? ☐ Yes ____/____/____

☐ Single ☐ Separated ☐ Divorced ☐ Annulled ☐ Widowed

☐ Living Common Law

Special Needs (please indicate): _____

Mark one: ☐ Husband ☐ Wife

First Name: _____

Mark one: ☐ Male ☐ Female

Maiden Name: _____

Date of Birth (mm/dd/yy) ____/____/____

Email: _____

Work/Cell phone: _____

Primary Language: _____

Language(s) known other than English: _____

Occupation/Employer: _____

Religion: ☐ Catholic ☐ Other (specify) _____

Sacraments received (please indicate date sacrament was received):

Baptism? ____/____/____ Reconciliation? ____/____/____

Eucharist? ____/____/____ Confirmation? ____/____/____

Marital Status: Married by a Catholic Priest? ☐ Yes ____/____/____

☐ Single ☐ Separated ☐ Divorced ☐ Annulled ☐ Widowed

☐ Living Common Law

Special Needs (please indicate): _____

Dependent Children Information

(For more children, please fill out another form)

Please indicate relationship: ☐ Son ☐ Daughter ☐ Grandchild ☐ Other (specify) _____

Child's legal name (as it appears on baptismal certificate): _____

School attends: _____ Grade: _____

First language: _____ Age: _____

Date of birth ____/____/____ Place of birth: City _____ State/Country: _____

Sacraments received (please indicate date sacrament was received):

Baptism? ____/____/____ Reconciliation? ____/____/____ Eucharist? ____/____/____ Confirmation? ____/____/____

Special Needs (please indicate): _____

Family Name _____

Ministries in which you or a family member have served
(mark all that apply and write name of family member)

- | | |
|---|---|
| <input type="checkbox"/> Lector _____ | <input type="checkbox"/> Catechist _____ |
| <input type="checkbox"/> Altar Server _____ | <input type="checkbox"/> Catechist Aide _____ |
| <input type="checkbox"/> Eucharistic Minister _____ | <input type="checkbox"/> Choir _____ |
| <input type="checkbox"/> Usher _____ | <input type="checkbox"/> Librarian _____ |
| <input type="checkbox"/> Other _____ | |

Would you like to continue serving?
☐ Yes ☐ No

Please make comments, ask questions, or provide any additional information that will help us know and serve you better. Please indicate any special needs you and your family have.

Please indicate relationship: ☐ Son ☐ Daughter ☐ Grandchild ☐ Other (specify) _____

Child's legal name (as it appears on baptismal certificate): _____ Grade: _____

School attends: _____

First language: _____ Age: _____

Date of birth ____/____/____ Place of birth: City _____ State/Country: _____

Sacraments received (please indicate date sacrament was received):

Baptism? ____/____/____ Reconciliation? ____/____/____ Eucharist? ____/____/____ Confirmation? ____/____/____

Special Needs (please indicate): _____

Please indicate relationship: ☐ Son ☐ Daughter ☐ Grandchild ☐ Other (specify) _____

Child's legal name (as it appears on baptismal certificate): _____ Grade: _____

School attends: _____

First language: _____ Age: _____

Date of birth ____/____/____ Place of birth: City _____ State/Country: _____

Sacraments received (please indicate date sacrament was received):

Baptism? ____/____/____ Reconciliation? ____/____/____ Eucharist? ____/____/____ Confirmation? ____/____/____

Special Needs (please indicate): _____

Please indicate relationship: ☐ Son ☐ Daughter ☐ Grandchild ☐ Other (specify) _____

Child's legal name (as it appears on baptismal certificate): _____ Grade: _____

School attends: _____

First language: _____ Age: _____

Date of birth ____/____/____ Place of birth: City _____ State/Country: _____

Sacraments received (please indicate date sacrament was received):

Baptism? ____/____/____ Reconciliation? ____/____/____ Eucharist? ____/____/____ Confirmation? ____/____/____

Special Needs (please indicate): _____