



REGISTRATION

2009 ~ 2010

Tuesday Evenings 6:00 to 7:30 p.m.
Sept. 29, 2009 - May 4, 2010

Faith, Family & Friends

Individual & Family Religious Education & Faith Formation Program

St. Paul Newman Center
1572 E. Barstow Ave.
Fresno, CA 93710
(559) 436-3434 fax 436-3430
website: <http://www.cusfnewman.com>

EACH ADULT: \$40, EACH CHILD: \$40.00, FAMILY MAXIMUM: \$120.00

It is mandatory that one or both parents (or a guardian) accompany all child(ren) and stay during the entirety of each Faith, Family & Friend session.

THERE IS A MANDATORY ORIENTATION AND YEARLY SAFE ENVIRONMENT SESSION FOR PARENTS OR GUARDIANS OF CHILDREN IN RELIGIOUS EDUCATION-SEPT. 22, 2009

Children (1st – 6th grade) who wish to receive sacraments must attend Sacrament Preparation classes for two consecutive years here at St. Paul, Newman Center or at another Catholic parish before they will be allowed to receive sacraments.

Please include a copy of your child(ren)'s baptism certificate if they are going to receive a sacrament this year.

Please fill out the attached forms in this package and return before September 18, 2009.
All children are accepted unless otherwise notified and must attend the first class.

Contact persons:

Lynne Meccariello-Starr
Director of Religious Education
436-3491
email: lynne@cusfnewman.com

John Prandini
Family Life Ministries
436-3439
email: prandinij@cusfnewman.com

Eileen Polanowski
Office Manager
436-3434
email: eileen@cusfnewman.com

FAMILY REGISTRATION

Faith, Family and Friends

Tuesday Evenings 6:00 to 7:30 p.m.

Sept. 29, 2009 - May 4, 2010

Each Adult: \$40.00, Each Child: \$40.00, Family Maximum: \$120.00

Please Print Clearly

Last Name: _____ Home Phone: _____

Mailing Address: _____

City: _____

Zip: _____

Adult # 1: _____ Cell Phone: _____ Work Phone: _____

Email: _____

Adult # 2: _____ Cell Phone: _____ Work Phone: _____

Email: _____

Child(ren) lives with: Mother _____ Father _____ Both _____ Other _____

Student Information

Child # 1

Child # 2

Child # 3

First & Last Name: _____

Gender: Male _____ Female _____

Date of Birth: ___/___/___ Age: _____

Grade in school: Grade: _____ Fall 2009

Baptism: Yes ___ No ___ Year _____

Parish: _____

First Reconciliation: Yes ___ No ___ Year _____

Parish: _____

First Communion: Yes ___ No ___ Year _____

Parish: _____

Please enter additional family members on back

This is _____
child's name 2nd year in sacrament preparation at St. Paul Newman Center. A copy of this child's

Baptism certificate is attached.

child's name has attended religious education at another parish. A letter of verification from the parish and a copy of this child's Baptism certificate is attached.

I agree with St. Paul Newman Center's Faith, Family & Friend's program policy. I also understand and agree that one or both parents or a guardian must accompany my child(ren) and stay during the entirety of each Faith, Family & Friends session.

Signature of Parent/Guardian: _____ Date: _____

Office Use Only

Tuition Paid \$ _____ Date received: _____ Check # _____ Credit Card _____ Cash _____

Terms form _____ Emergency form _____ Photograph release _____

| Student Information | Child # 4 | Child # 5 | Child # 6 |
|----------------------------|-------------------------|-------------------------|-------------------------|
| First & Last Name: | _____ | _____ | _____ |
| Gender: | Male _____ Female _____ | Male _____ Female _____ | Male _____ Female _____ |
| Date of Birth: | ___/___/___ Age: _____ | ___/___/___ Age: _____ | ___/___/___ Age: _____ |
| Grade in school: | Grade: _____ Fall 2009 | Grade: _____ Fall 2009 | Grade: _____ Fall 2009 |
| Baptism: | Yes___ No ___ Year_____ | Yes___ No ___ Year_____ | Yes___ No ___ Year_____ |
| | Parish:_____ | Parish:_____ | Parish:_____ |
| First Reconciliation: | Yes___ No ___ Year_____ | Yes___ No ___ Year_____ | Yes___ No ___ Year_____ |
| | Parish:_____ | Parish:_____ | Parish:_____ |
| First Communion: | Yes___ No ___ Year_____ | Yes___ No ___ Year_____ | Yes___ No ___ Year_____ |
| | Parish:_____ | Parish:_____ | Parish:_____ |

PHOTOGRAPH RELEASE

Faith, Family and Friends
Tuesday Evenings 6:00 to 7:30 p.m.
Sept. 29, 2009 - May 4, 2010

Authorization to Publish Pictures

Please fill out and sign below to grant permission to use pictures of you and your child(ren) taken during our religious education program (classes/retreats/events) on the church web site, church bulletin, and/or Faith, Family & Friends newsletter. Individual pictures of children will not be published. No names will accompany any photographs used on the web site.

I, _____ (print your name) GRANT permission for St. Paul, Newman Center to publish pictures of me and/or my child(ren), (print name of child(ren)) _____ on the church's web site, church's bulletin, and/or Faith, Family & Friends newsletter. I understand that if I give notice to the Director of Religious Education that I object to any particular picture of me or my child(ren) on the web site, it will be removed as soon as possible. I understand that neither I nor the child(ren) named above will be paid any royalty or other compensation for the publication of the pictures. I further state that I have the right to grant this permission as I am the child(ren)'s parent or legal guardian.

SIGNED _____ Date _____

PLEASE NOTE: BY REFUSING TO GRANT THIS PERMISSION, YOU THE PARENT/GUARDIAN IS RESPONSIBLE TO INFORM THE PERSON TAKING PICTURES, AND YOU ARE ALSO RESPONSIBLE FOR KEEPING YOUR CHILD(REN) OUT OF THE PICTURES AT OUR PROGRAM'S EVENTS.

TERMS AND CONDITIONS

Faith, Family and Friends Registration

Tuesday Evenings 6:00 to 7:30 p.m.

Sept. 29, 2009 - May 4, 2010

WRITTEN POLICY FOR PARENTS / LEGAL GUARDIANS AND STUDENTS OF FAITH, FAMILY & FRIENDS RELIGIOUS EDUCATION PROGRAM

Dear Parent(s) or Legal Guardians - for your child's safety, and to alleviate potential arrival and departure problems, your cooperation is needed in the following areas:

Be prompt. Remember that being late is disruptive and doesn't allow for full participation in the opening events of our Faith, Family & Friends program. It is your responsibility to arrive on time and to provide supervision for your child(ren). There is no supervision before or after class sessions. It may be dark when we finish, and safety is our number one priority. In case an emergency arises during the evening we will find you on the premises in the adult class session that you indicated on sign-in that you are attending or we will call you at the emergency number you provide.

For all students in kindergarten through sixth grade: You must escort your child to their class when dismissed from the general group session. When you sign your child in, you are asked to indicate which of the adult FF&F sessions you plan to attend, so that in case of an emergency we will be able to locate you. At the end of the evening's session, pick up your child from their classroom without delay. A parent/guardian will need to sign their child out. Your child will need to wait in the classroom until you come and sign them out. This will help us ensure the safety of all the children.

Children being picked up by someone other than the registered parent or guardian must have a written letter signed and dated by the parent with the names of those person's allowed to pick up the child. A copy of the letter will go on file in the Religious Education Office and one to the teacher. The original letter must be given to the Director of Religious Education. A phone call will not be sufficient.

Behavior: We ask that students come to class ready to learn and participate. Disruptive or rude behavior ruins the lesson for everyone. Our time together is short. We encourage parents to have children exercise and eat healthy (low or no sugar) before class so they can more easily focus. If a child is disruptive, the parent may be notified. Disciplinary action may be required, and we retain the right whether to allow the child to remain in our program.

The Diocese of Fresno requires a yearly Safe Environment session for parents, guardians and children. We will provide this session for you which is mandatory if your child is participating in our program.

Child(ren) 1st-6th grades must complete 2 continuous years of Religious Education at St. Paul Newman Center or at another Catholic Church before being able to receive sacraments. Documentation of religious education at another parish must be provided.

Each student is required to have a Diocese of Fresno Annual Parish Consent for Emergency Medical Treatment/Release of Liability Form and a Photograph Release Form completely filled out, signed by parent/guardian and dated in order to participate in our program.

I, the undersigned, have read, understood, and accepted all terms and conditions.

Signature of Parent/Guardian: _____ Date: _____

Student(s) Name(s): _____

Office Use Only

Date received: _____ Received by: _____

ST. PAUL NEWMAN CENTER ~ RELIGIOUS EDUCATION PROGRAM

COMPLETE ONE FORM PER CHILD

DIOCESE OF FRESNO ANNUAL PARISH CONSENT FOR EMERGENCY MEDICAL TREATMENT,
PARISH ACTIVITIES PERMISSION, AND RELEASE OF LIABILITY FORM

THIS FORM MUST BE COMPLETED AND RETURNED AT THE TIME OF REGISTRATION

TO THE PARENT/LEGAL GUARDIAN: You must give permission on this annual form for your child to attend and participate in parish-sponsored events and activities during this calendar year. You will also be required to sign permission forms for your child to participate in specific parish-sponsored events, activities, and sports conducted off parish grounds.

| | |
|--------------------------------|---|
| Name of Child: | Year 2009 - 2010 |
| Name of Parent(s)/Guardian(s): | Parish Name: St. Paul Newman Center |

I, the undersigned parent or guardian, voluntarily wish to give permission for and request that my child be allowed to attend and participate in parish-sponsored events and activities during this calendar year including those conducted off parish grounds. My child is physically fit and capable of participation in parish events and activities. I agree to direct my child to cooperate and conform with directions, instructions, and rules given by parish personnel or agents, chaperones, or diocesan personnel responsible for all parish events and activities. If requested, I will sign a permission and release form for each specific event or activity conducted off parish grounds. I reserve the right not to have my child participate in parish-sponsored events.

I understand that participation in parish-sponsored events and activities, including those off parish grounds, involve some risk (including any travel to and from these events or activities) and that unforeseen events can occur. I am informed and agree that transportation, if involved, may be provided by parents, other private individuals, or commercial operators who are believed to be reliable and insured, but are not under the supervision or control of the parish.

In exchange for permitting my child to participate in the parish's activities, 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 the parish and Diocese of Fresno. I release and discharge the parish and Diocese of Fresno from all liability or responsibility from death, illness, personal injury, or property damage arising out of the parish activity and any transportation involved with the parish activity.

In the event of an emergency, and if the parish is unable to contact me, I authorize parish personnel 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 Diocese of Fresno will not be responsible to pay for any medical or dental expenses.

This permission, waiver, release, and consent applies to the parish named, and to The Roman Catholic Bishop of Fresno (a corporate sole), the Diocese of Fresno, Diocese of Fresno Education Corporation, all Diocese of Fresno schools, all parishes, affiliated organizations, and their officers, clergy, agents, and employees.

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

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

The following information is provided for the benefit of the parish:

| | |
|---|--|
| Daytime Phone Number(s) of Parent/Guardian | Nighttime Phone Number(s) of Parent/Guardian |
| Pager/Cell Phone Numbers(s) | Child's Date of Birth |
| Emergency Contact Other than Parent/Guardian | Phone Number(s) |
| Allergies (food, drugs, insects, etc.) | |
| Medications (name, dosage, reason) | |
| Other Information or Special Health/Physical Considerations (attach extra sheet if necessary) | |
| Insurance Carrier | Insurance Group or ID Number |
| Name of Child's Doctor | Phone Number |
| Name of Child's Dentist | Phone Number |
| Name of Child's Orthodontist | Phone Number |

I, the undersigned, have read this release and understand all of its terms. I request that my child be allowed to participate in the parish's 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 the parish's events, activities, or sports. A copy 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.

Signature of Parent/Guardian: _____ Date: _____

Signature of Parent/Guardian: _____ Date: _____

| | |
|------------------------|--------------|
| FOR OFFICE USE ONLY | |
| Date Release Received: | Received By: |

COMPLETE ONE FORM PER CHILD

DIOCESE OF FRESNO ANNUAL PARISH CONSENT FOR EMERGENCY MEDICAL TREATMENT,
PARISH ACTIVITIES PERMISSION, AND RELEASE OF LIABILITY FORM

THIS FORM MUST BE COMPLETED AND RETURNED AT THE TIME OF REGISTRATION

TO THE PARENT/LEGAL GUARDIAN: You must give permission on this annual form for your child to attend and participate in parish-sponsored events and activities during this calendar year. You will also be required to sign permission forms for your child to participate in specific parish-sponsored events, activities, and sports conducted off parish grounds.

| | |
|--------------------------------|---|
| Name of Child: | Year 2009 - 2010 |
| Name of Parent(s)/Guardian(s): | Parish Name: St. Paul Newman Center |

I, the undersigned parent or guardian, voluntarily wish to give permission for and request that my child be allowed to attend and participate in parish-sponsored events and activities during this calendar year including those conducted off parish grounds. My child is physically fit and capable of participation in parish events and activities. I agree to direct my child to cooperate and conform with directions, instructions, and rules given by parish personnel or agents, chaperones, or diocesan personnel responsible for all parish events and activities. If requested, I will sign a permission and release form for each specific event or activity conducted off parish grounds. I reserve the right not to have my child participate in parish-sponsored events.

I understand that participation in parish-sponsored events and activities, including those off parish grounds, involve some risk (including any travel to and from these events or activities) and that unforeseen events can occur. I am informed and agree that transportation, if involved, may be provided by parents, other private individuals, or commercial operators who are believed to be reliable and insured, but are not under the supervision or control of the parish.

In exchange for permitting my child to participate in the parish's activities, 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 the parish and Diocese of Fresno. I release and discharge the parish and Diocese of Fresno from all liability or responsibility from death, illness, personal injury, or property damage arising out of the parish activity and any transportation involved with the parish activity.

In the event of an emergency, and if the parish is unable to contact me, I authorize parish personnel 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 Diocese of Fresno will not be responsible to pay for any medical or dental expenses.

This permission, waiver, release, and consent applies to the parish named, and to The Roman Catholic Bishop of Fresno (a corporate sole), the Diocese of Fresno, Diocese of Fresno Education Corporation, all Diocese of Fresno schools, all parishes, affiliated organizations, and their officers, clergy, agents, and employees.

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

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

The following information is provided for the benefit of the parish:

| | |
|---|--|
| Daytime Phone Number(s) of Parent/Guardian | Nighttime Phone Number(s) of Parent/Guardian |
| Pager/Cell Phone Numbers(s) | Child's Date of Birth |
| Emergency Contact Other than Parent/Guardian | Phone Number(s) |
| Allergies (food, drugs, insects, etc.) | |
| Medications (name, dosage, reason) | |
| Other Information or Special Health/Physical Considerations (attach extra sheet if necessary) | |
| Insurance Carrier | Insurance Group or ID Number |
| Name of Child's Doctor | Phone Number |
| Name of Child's Dentist | Phone Number |
| Name of Child's Orthodontist | Phone Number |

I, the undersigned, have read this release and understand all of its terms. I request that my child be allowed to participate in the parish's 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 the parish's events, activities, or sports. A copy 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.

Signature of Parent/Guardian: _____ Date: _____

Signature of Parent/Guardian: _____ Date: _____

| | |
|------------------------|--------------|
| FOR OFFICE USE ONLY | |
| Date Release Received: | Received By: |