

# FIRST COMMUNION REGISTRATION FORM

**1<sup>st</sup> -12<sup>th</sup> GRADES**

**(661)323-8800**

**IMPORTANT:** You must attach a copy of your child's Baptism or Birth Certificate To this form (Unless Baptized at St. Francis) in order for your child to be placed in class.

<b>FOR OFFICE USE ONLY</b>
Today's Date: _____
<b>1<sup>st</sup> year 1<sup>ST</sup> - 11<sup>TH</sup> grade</b>
Thursday 6:00 pm to 7:30pm <input type="checkbox"/>
<b>2<sup>nd</sup> year 4<sup>th</sup> - 6<sup>th</sup> Grade</b>
Wednesday 6:00 pm to 7:30pm <input type="checkbox"/>
<b>2<sup>nd</sup> year 2<sup>nd</sup> &amp; 3<sup>rd</sup> &amp; 7<sup>th</sup> -12<sup>th</sup> Grade</b>
Monday 6:00 pm to 7:30 pm <input type="checkbox"/>
<u>Registration Fees</u> Per Applicant/Per Year - \$80
Payment Plan <input type="checkbox"/> Paid in full <input type="checkbox"/>
Paid \$ _____
Receipt# _____

**Student's Name:**

\_\_\_\_\_ *First* \_\_\_\_\_ *Middle Name* \_\_\_\_\_ *Last Name*

Date of Birth: \_\_\_\_\_ City of Birth: \_\_\_\_\_ What grade will the student be in September 2021? \_\_\_\_\_

Baptized Yes  No

**If NOT**, you must provide **Birth Certificate**.

**If YES**, please provide copy of Baptism Certificate.

Baptized at St. Francis?  Yes  No

**If YES**, date (or approx. Year): \_\_\_\_\_

Special Needs  Please Specify \_\_\_\_\_

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**Father's Name:** \_\_\_\_\_ In the Home  Yes  No

*First Middle Last*

**Mother's Name:** \_\_\_\_\_ In the Home  Yes  No

*First Middle Last Maiden (last name born with)*

\_\_\_\_\_ *Address* \_\_\_\_\_ *City* \_\_\_\_\_ *Zip Code*

Primary Phone Number: \_\_\_\_\_ Relationship to the student? \_\_\_\_\_

Is the above number a good number to text? (Yes or No) \_\_\_\_\_ Email: \_\_\_\_\_

Alternate Phone Number: \_\_\_\_\_ Relationship to the student? \_\_\_\_\_

Is the above number a good number to text? (Yes or No) \_\_\_\_\_ Email: \_\_\_\_\_

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**Emergency Contact (if we cannot reach you):**  
 Name \_\_\_\_\_  
 Phone Number: \_\_\_\_\_  
 Relationship to Child: \_\_\_\_\_  
**Individual must live in Bakersfield**

**Emergency Contact (if we cannot reach you):**  
 Name \_\_\_\_\_  
 Phone Number: \_\_\_\_\_  
 Relationship to Child: \_\_\_\_\_  
**Individual must live in Bakersfield**

## **Youth Guidelines for attending Zoom classes**

Thank you for choosing St. Francis of Assisi Parish for your child's your journey of faith. Here are the requirements for eligibility to attend our Religious Education classes, just in case we might have to go back to distanced learning:

- Each student must have the Zoom app to be able to attend class.
- The student must have a Laptop, Cellphone or Tablet with a camera to participate class.
- The child must have the camera on to participate in class.
- As the child enters the class the teacher must check in with a parent or guardian before class begins and as the class ends. This would be considered the same as a sign in and sign out process.
- Parents/Guardian, 18 or older, must be present in the home during the hour that the class is in session.(if the adult is not a parent, we must have this adults' information on file)
- Remember that the child needs to be in a quiet room without distractions since they will be in a prayerful environment.

## **Pautas de educación religiosa para asistir a clase a través de Zoom**

Gracias por elegir la parroquia de San Francisco de Asís para el viaje de fe de su hijo. Estos son los requisitos de elegibilidad para asistir a nuestras clases de educación religiosa, en caso de que tengamos que volver al aprendizaje a distancia:

1. Cada alumno debe tener la aplicación Zoom para poder asistir a clase.
2. El estudiante debe tener una computadora portátil, celular o tableta con cámara para participar en la clase.
3. El niño debe tener la cámara encendida para ser visto y participante para ser contado para la clase.
4. A medida que el niño entra en la clase, el maestro debe registrarse con un padre o tutor antes de que comience la clase y cuando termine la clase. Esto se consideraría lo mismo que un proceso de inicio y cierre de sesión.
5. Los padres / tutores, de 18 años o más, deben estar presentes en el hogar durante la hora en que la clase está en sesión. (si el adulto no es un padre, debemos tener la información de este adulto en el archivo)
6. Recuerde que el niño necesita estar en una habitación tranquila sin distracciones ya que estará en un ambiente de oración.

**Please Sign here, as an agreement to the guidelines listed above:**

X \_\_\_\_\_

## 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	NAME OF GROUP	DATE OF EVENT	<b>2021 -2022</b>
NAME OF EVENT			

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	NAME OF GROUP
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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

**Release for Diocesan Production for the Diocese of Fresno (DOF)  
and all Entities for the Diocese of Fresno (DOF)**

Parents / Guardians: This form must be completed in order for your child to participate in this event or function. Please respond accordingly to the authorized use of your child's photograph or video image in a DOF produced public-relations document.

<b>NAME OF PARISH OR SCHOOL</b>	<b>NAME OF GROUP</b>
<b>NAME OF EVENT</b>	<b>DATE OF EVENT</b>

**PARTICIPANT AGREEMENT:**

I hereby grant the Diocese of Fresno and its entities (hereinafter called Producer), their nominees, designees, and successors full authorization and the absolute right and permission to sell, assign, convey, reproduce, copyright, use or publish photographic reproductions, portraits, or pictures of me, motion picture or video tape pictures of me, or in which I may be included in whole, in part, or in composite, or in which character or form is distorted, in conjunction with my own or any other picture, product, person, name or reproduction, in color or otherwise, made through any media at its studios or elsewhere, for art, advertising, commerce, business or trade, or any other lawful purpose whatsoever.

I hereby waive any right I may have to inspect or approve the finished product or the advertising copy that may be used in connection therewith, or the use to which it may be applied.

I hereby release, discharge and agree to hold harmless PRODUCER, its nominees, designees, or successors, and assignees or others for whom they are acting from any liability of any nature or description by virtue of any use whatsoever, whether intentional or otherwise, or from any change that may occur or be produced in the taking of said picture or pictures, or any processing tending towards the completion of the finished product, unless it can be shown that said use or change is solely for its purpose of subjecting me to conspicuous ridicule, scandal, reproach, scorn and indignity.

<b>PRINT NAME OF PARTICIPANT</b>	<b>SIGNATURE OF PARTICIPANT</b>
<b>ADDRESS</b>	
<b>TELEPHONE</b>	<b>EMAIL</b>

**PARENT / GUARDIAN AUTHORIZATION FOR A MINOR**

If the participant is under 18 years of age, the parent or legal guardian of the above participant must provide the following information and must check one of the following and sign.

- As the parent and/or legal guardian of the above named participant, **I do hereby consent and grant my permission** to all of the foregoing.
- As the parent and/or legal guardian of the above named participant, **I do not give my consent** for my child to be photographed, but I understand that it will be the responsibility of the participant to make every effort possible from participating in any posed pictures. If a picture or pictures are inadvertently taken, then I agree to review the photographs or video within the given time frame in order to identify my child to avoid any reproduction or usage of that image and/or images.

<b>PRINT NAME OF PARENT / GUARDIAN</b>	<b>SIGNATURE OF PARENT / GUARDIAN</b>
<b>SIGNATURE OF WITNESS</b>	<b>DATE</b>