

RELIGIOUS EDUCATION FOR YOUTH

2nd -12th GRADES

2nd YEAR REGISTRATION FORM

2424 Palm Street (661)323-8800

Paid \$ _____
Registration Fee \$75 per Child

Receipt# _____

Information is held in confidence and is not shared without permission. If a student is dropped, only the payment balance after the cost of the text will be refunded upon request.

Registered in the Parish Yes No

If you are not a parishioner, you must attach a letter from your pastor giving you permission to attend our classes.

Are you comfortable coming back to a classroom setting or would you like to be trained on how to do in home sessions?

Classroom setting **In home Sessions**

Student's Name:

First Middle Name Last Name

Date of Birth: _____ Place of Birth: _____ What grade will the student be in September? _____

Special Needs Please Specify _____

Father's Name: _____ In the Home Yes No
First Name Middle Name Last Name

Mother's Name: _____ In the Home Yes No
First Middle Name Last Name Maiden (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: _____

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 this year:

- 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 be able to access the 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 during the hour that the class meets. (if this is not a parent, we must have this adults information on file)
- The child must have the camera on to participate in class.
- Remember that the child needs to be in a room without distractions since they will be in a prayerful session.

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

Gracias por elegir la Parroquia de San Francisco de Asís en vuestro camino de fe. Estos son los requisitos para asistir a nuestras clases de Educación Religiosa este año:

1. Cada alumno debe tener la aplicación Zoom para poder asistir a clase.
2. El estudiante debe tener un ordenador portátil, teléfono celular o tableta con una cámara para poder acceder a la clase.
3. 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.
4. Los padres/tutores, mayores de 18 años, deben estar presentes durante la hora que la clase se reúne.
5. El niño debe tener la cámara encendida para ser visto y participante para ser contado para la clase.
6. Recuerde que el niño necesita estar en una habitación sin distracciones, ya que estará en una sesión 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 |
| NAME OF EVENT | 2020-2021 Parish Religious Education <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 |
|------------------------------|-----------------------------|

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.

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| 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 |
|---------------------------------|----------------------|

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.

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| 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.

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|--|--|-------------------------------------|--|
| 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