

May 1, 2010

Dear Padre Serra Families,

Our 2010-2011 Faith Formation registration process is open; to secure your early bird discount, **please return your packets by July 30, 2010**. Attached you will find a registration form, a schedule of classes and fees, a volunteer form, a permission form and medical release form. Please complete one registration form and permission/medical release form per student. Extra forms are available in the parish office, in the church narthex and on our parish website padreserra.org.

What we need:

1. A completed Registration Form for each student registering for formation classes in the fall. Please indicate your preference for class day and/or time. For example, Little Church, write 9:00 or 11:00; or Elementary, write Mondays or Wednesdays. Thanks!
2. A completed Schedule of Classes and Fees form; one per household.
3. A completed Volunteer Form. We need everyone's gifts! No experience necessary. There are opportunities all along the way to fit your schedule. Whether once a week, once a month or once a year, it really takes all of us working together to raise our families and serve our gracious Lord.
4. A completed Permission/Medical Release Form for each student registering.
5. A non-refundable pre-registration fee of \$25.00 per student is due with the registration form. This amount will be applied toward the total registration fee, or you may pay the whole fee today. You may make one payment for your family. Please make checks payable to Padre Serra Parish. To pay via credit card, complete the credit card payment section on the Fee Schedule enclosed. Remember to sign it and return it with your registration form(s).
6. Please provide a copy of Baptism Certificates for all students in sacrament programs, unless you are sure we have them on file already.

As completed packets are received in the parish office they are stamped with an official priority number. That number drives class placement until classes are full. So please return your information as soon as possible, classes begin the week of October 3rd. Parent Meetings will be September 27th or 29th. That's it! You will hear from us!

Let us know how we can best serve you. Please contact Christine Olsen at 482-6417 x 149 or ChristineOlsen@padreserra.org or me at 482-6417 x147 or EveCollier@padreserra.org.

We look forward to serving you and your family.

God Bless,

Eve Collier
Director of Faith Formation

Padre Serra Parish Faith Formation 2010/11 Registration Form

Student Name: _____ **Birth Date:** _____ **Grade in 10/11:** _____

Home Address of Student: _____
(Include Street Address, City, State, Zip Code)

Home Phone: _____ **School:** _____
(Name of school student will be attending in 2010/11 school year)

Last Religious Education (if any) and where: _____

Program to be enrolled in for 2010/11 school year: _____

Sacraments Received to date:

Please check boxes for sacraments **already** received and write in the **church name** and **city/state**.

Baptism _____

1st Reconciliation _____

1st Communion _____

Confirmation _____

Church Affiliation Information: We are registered members of Padre Serra Parish

are registered at _____ (church name and city)

attend but are not registered members at _____ (church name and city)

currently have no church affiliation.

Student resides with: Parent(s) Grandparent(s) Guardian(s) Other _____
(Parent(s) includes Parent & Step-Parent) (please identify)

Please provide contact information for the parent(s)/grandparent(s)/guardian(s) who student resides with

Household Last Name: _____

First/Last Name: _____ Work # _____ Cell # _____

First/Last Name: _____ Work # _____ Cell # _____

Adult E-Mail Address: _____
(please provide the best e-mail address for communicating important, timely information)

<i>Office Use Only</i>		
Date Reg. Rec'd _____	Credit Card _____	Ck # _____
Priority # _____	Visa MC AMEX _____	Ck Date _____
Note: _____	\$ _____	Amt. \$ _____

Schedule of Classes and Fees

Please circle all that apply for the household and complete the payment info.
(Separate Registration, Permission and Medical forms required for each student)

Program/Day/Time	Fee * Before 7/30/10	Fee * After 7/30/10	Payment Info
For Pre-School Children			Please make checks payable to Padre Serra Parish Check Number: _____ Amount \$ _____
Little Church – Pre-School (3 years by 12/1/10) Sundays 9:00am OR 11:00am	\$50	\$50	
Little Church – Pre-Kindergarten Sundays 9:00am OR 11:00am	\$50	\$50	
Little Church – Kindergarten Sundays 9:00am OR 11:00am	\$50	\$50	
For Children in Grades 1 through 5			Credit Card ____ Master Card ____ VISA ____ American Express Card #: _____ Expiration Date: _____ Amount \$ _____ Print Name: _____ Signature: _____ Date: _____
Unbaptized or Baptized [†] in another Faith Year 1 Mondays 3:45 to 5:00pm	\$100	\$100	
First Communion Year 1 [†] Day and time selected at sign-ups on 9/13/10	\$100	\$120	
First Communion Year 2 [†] Day and time selected at sign-ups on 9/14/10	\$125	\$145	
Elementary Formation – Grades 3-5 Mondays 3:45 to 5:00pm OR Wednesdays 5:15 to 6:30pm	\$100	\$100	
Older Children’s Sacraments Year 2 [†] Mondays 3:45 to 5:00pm OR Wednesdays 5:15 to 6:30pm	\$125	\$145	
For Jr. High Tweens – Grades 6 through 8			
Older Children’s Sacraments Year 1 [†] (Needs Baptism or First Communion) Mondays 5:15 to 6:30pm	\$100	\$100	
Older Children’s Sacraments Year 2 [†] Mondays 6:30 to 8:00pm	\$125	\$145	
Faith Factor Live – Jr. High Youth Ministry Mondays 6:30 to 8:00pm	\$50	\$50	
For High School Teens			
Youth Confirmation Year 1 [†] Sundays 12:00 to 2:00pm (fall semester)	\$100	\$120	
Youth Confirmation Year 2 [†] Sundays 12:00 to 2:00pm (spring semester) Retreat (off-site) \$160 due in January	\$125	\$145	
LIFE – High School Youth Group Mondays 7:00pm (No charge for Confirmation teens)	\$25	\$25	

*Included in all fees above is a non-refundable \$25 pre-registration fee

[†] Please provide a copy of student’s Baptism Certificate

Faith Formation Volunteer Form

Alone we can do so little; together we can do so much—Helen Keller

I am interested in helping out in the following areas:
(Please check ALL areas you are interested in supporting)

Name: _____ Cell Phone # _____

E-mail: _____

Little Church (Sunday Pre-school Ministry) 9AM 11AM

Liturgy of the Word (Sunday) 11AM

First Communion Ministry Year 1 Year 2

Co-Catechist (Circle which day: Sunday, Monday, Tuesday, Wednesday)

Assist with Crafts Assist with learning activity

Assist in office Assist with Celebrations

Elementary Formation 3rd Grade 4th Grade 5th Grade

Co-Catechist (Circle which day: Monday or Wednesday)

Older Children Sacrament Helper

Confirmation Small Group Mentor Year 1 Year 2

Assist with sign-in Assist in office

L.I.F.E. High School Youth Group

Behind the scenes administrative support with Eve Collier (this is really fun!)

Photographer Historian

I have experience with _____

I love to _____

I really want to help with _____

Other _____

I have been VIRTUS Trained _____ I have been fingerprinted _____
(date Month/Year) (date Month/Year)

I need to be VIRTUS Trained I need to be fingerprinted

**Padre Serra Parish Faith Formation
Permission Form**

I, _____ parent/legal guardian of _____, give my permission for him/her to participate in all formation activities from July 2010 through June 2011, either on-site at 5205 Upland Road, Camarillo, CA or any off-site location that may be scheduled for related activities.

- My child/teen may travel to such location(s) via commercial transportation, or parent drivers. I understand that I will be notified in writing of the dates and times of any off-site trips prior to the activity.
- The above named child/teen is in good health and is physically able to participate in all formation activities unless otherwise noted on the reverse side of this form.
- In addition to myself, only the individual(s) listed below must sign this child/teen in and out of class.
- I give permission for my child/teen to be photographed during regular class activities, and that these photos may be used in print material and/or on our parish website. I understand that photos of under age persons will not include their names.
- I understand that I am responsible for reading and agree to follow the procedures of the Padre Serra Parish Faith Formation Parent Hand-Out. I also understand that it is my responsibility to review the information with my child/teen. Any inappropriate behavior from my child/teen could result in dismissal from the gathering. All grievances will be dealt with in accordance with the hand-out procedures.

Please check any/all of the following that apply.

I will be responsible for dropping off and picking up my child/teen up from class.

My child/teen may be dropped off and/or picked up by the following people during the formation year. List teen if they drive.

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

The undersigned hereby agrees to release Padre Serra Parish, agents, and staff of any and all liability, responsibility and damages whatsoever associated with any injury sustained during the activities in the formation year listed above. All information on this form is confidential and used only as needed.

Print Parent Name

Phone #(s) where I can be contacted during
Formation gatherings

Parent Signature

Date

(Complete Reverse Side)

**Padre Serra Parish Faith Formation
Medical Release Form**

Child/teen Name: _____

Please list any illnesses and/or injuries in the past year: _____

Is this child/teen currently being treated by a physician for any of the above no yes, explain

Please list special needs of child/teen, i.e. allergies, disabilities etc: _____

List current medication(s) and purpose: _____

Name of child/teen's physician: _____ Phone #: _____

Insurance Carrier: _____ Policy #: _____

ID#: _____ Carrier's Phone Number _____

In the event of a medical emergency during a Faith Formation gathering, I can be reached at the following phone number(s) _____. Should you not be able to contact me at this number(s), I hereby give the staff of Padre Serra Parish Faith Formation permission to authorize ambulance transportation, medical treatment and/or hospital care for my child/teen.

In the event of an emergency when a parent cannot be reached please call:

Name: _____ Phone: _____

Name: _____ Phone: _____

Parent/Guardian Name _____

(Please print CLEARLY)

Signature: _____ Date _____