

TTS
PERM OPT-OUT

CHURCH OF THE VISITATION
RELIGIOUS EDUCATION OFFICE (310) 216-1145 ext 20)
Registration and Release Form 2021-2022

FYSP	SYSP
BAPTISM	

Student's Name _____ **Family's Last Name** _____ **Parish ID #** _____

PLEASE PRINT ALL INFORMATION CLEARLY AND RETURN ONE FORM PER FAMILY

Address _____ Apt # _____ City, Zip _____

Home Phone _____ E-Mail _____ 2nd email _____

Father's Name _____ Marital Status _____ Religion _____

Father's Cell _____ Father's Work Phone _____ wk email _____ May we call/email you there? Y/N

Mother's Name _____ Marital Status _____ Religion _____

Mother's Cell _____ Mother's Work Phone _____ wk email _____ May we call/email you there? Y/N

Mother's Maiden Name _____ Primary language spoken at Home _____ Child(ren) reside with _____

Student's Last Name	Student's First Name	Male or Female	Date of Birth	Grade in Sept 2021	Name of School in Sept 2021	Church of Baptism (Catholic/ Other)	Received Communion?	Number of Years in Religious Ed

Fees

First Communion Preparation **1 student** **\$175.00** _____

Are you currently registered in parish? Y N

Grades: Kindergarten, 3-8 **1 student** **\$125.00** _____

How did you hear about our program? _____

Each additional child(excluding 1st Communion Prep) \$75.00 _____

Total Fees Due **\$** _____

Can you volunteer in the program? Y N

I understand that I am responsible for the total fees due. I agree to pay the full amount by December 31, 2021. No one will be denied a religious education for financial reasons. If you are in need of financial aid, please check box

Signature **Date**

First Communion Preparation is a process of two consecutive years of faith formation.

A COPY OF THE BAPTISM CERTIFICATE MUST BE PROVIDED WITH APPLICATION. THANK YOU!

Contacts in case of emergency that the student may be released to other than parent/guardians:

Emergency Contact 1) _____ Relation _____ Phone _____
 Emergency Contact 2) _____ Relation _____ Phone _____

Does your child have any allergies or medical needs? Yes No Please explain _____

Does your child have a current IEP or 504 plan in School? Yes No If so, what is the nature of your child's disability? _____

"The Sunday Eucharist is the foundation and confirmation of all Christian practice. For this reason the faithful are obliged to participate in the Eucharist on days of obligation, unless excused for a serious reason (for example, illness, the care of infants) or dispensed by their own pastor. Those who deliberately fail in this obligation commit a grave sin."

-Catechism of the Catholic Church, p. 526, Article 2181

CHURCH ATTENDANCE: I understand that weekly Church attendance is an indispensable component of my child's Religious Education.

_____ initial

As the parent/guardian of the student(s) listed on the front, I hereby give permission for his/her participation in activities sponsored by the Religious Education Office of Visitation Church. I agree to direct my child(ren) to cooperate and conform to directions and instructions from all persons responsible for these activities. As a condition of my child(ren) being allowed to do so, I hereby release and discharge the Archdiocese of Los Angeles, its constituent organizations, employees, and volunteers from any and all claims for personal injury or property damage that he/she may suffer as a result of his/her participation.

I hereby authorize the making of photographs, videotapes and recordings of said events and my child(ren)'s participation therein, and the publication and duplication or other use thereof. I hereby waive any right to compensation or any other rights that otherwise might have to limit or control such making or use.

_____ initial

_____ initial

I hereby give permission to the physician, nurse, dental, or licensed care staff selected by the supervisory personnel then present to render medical, dental or Other appropriate treatment necessary in case of emergency.

_____ initial

PARENT GUARDIAN SIGNATURE

By signing this document, I give permission for my child/children to participate in Visitation's faith formation program, whether conducted onsite or online.

Signature

Date

FOR OFFICE USE ONLY

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Date	Cash	Check Number	Amount	Balance	Received by

DISASTER RELEASE INFORMATION

Date	Name of Student(s)	was/were Released to Name, Id #, Phone No.	Purpose	Time