



# 2018-2019 FIRST HOLY COMMUNION PREP. REGISTRATION FORM

**SACRAMENTS NEEDED:**

BAPTISM

FIRST HOLY COMMUNION

**PART 1: FAMILY INFORMATION** *(Please print.)*

Today's Date: \_\_\_\_\_

**Child 1 Name:** \_\_\_\_\_

**Child 2 Name:** \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code \_\_\_\_\_

Is your family registered at St. Thomas Aquinas?  Yes  No If yes, include Parish envelope # \_\_\_\_\_

Email Address *(used for RE correspondence)* \_\_\_\_\_

The Child (ren) live(s) with  Both Parents  Mother Only  Mother/Stepfather  Guardian(s)  
 Grandparents  Father Only  Father/Stepmother

***Mother/Stepmother Information***

Name: \_\_\_\_\_ Religion \_\_\_\_\_

**Maiden Name:** \_\_\_\_\_ Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

***Father/Stepfather Information***

Name \_\_\_\_\_ Religion \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Cell Phone \_\_\_\_\_

**HEALTH INSURANCE INFORMATION**

Insurance Company \_\_\_\_\_ Group # \_\_\_\_\_ Phone \_\_\_\_\_

Doctor's Name \_\_\_\_\_ Phone \_\_\_\_\_

Dentist's Name \_\_\_\_\_ Phone \_\_\_\_\_

***For Office Use Only***

Is your family registered at St. Thomas Aquinas?  Yes  No If yes, include Parish envelope # \_\_\_\_\_

Registration Date \_\_\_\_\_ **Raffle Tickets #** \_\_\_\_\_

Year1 Tuition (\$80 1 student) \$ \_\_\_\_\_

C.C/ Debit: Yes \_\_\_\_\_ No \_\_\_\_\_ Part \_\_\_\_\_

Tuition (\$150 2 students) \$ \_\_\_\_\_

Cash: Yes \_\_\_\_\_ No \_\_\_\_\_ Partial \_\_\_\_\_

Number of Children: \_\_\_\_\_

Balance Due: \$ \_\_\_\_\_

Year 2 (\$100 per FHC candidate) \$ \_\_\_\_\_

Receipt #: \_\_\_\_\_

**Additional fees (if applicable)**

Total \$ \_\_\_\_\_

Baptism \$ \_\_\_\_\_

Received by: \_\_\_\_\_

**Late Fee (\$25 after 10/18)** \$ \_\_\_\_\_

Accounting entered: \_\_\_\_\_

Amount Due \$ \_\_\_\_\_

Amount Paid \$ \_\_\_\_\_



# FHC REGISTRATION FORM (GRADES 2-8)

## PART 2: STUDENT INFORMATION *(Please fill in one section per child.)*

### **CHILD 1: SACRAMENT PREPARATION 1<sup>st</sup> Year**\_\_\_\_ **2<sup>nd</sup> Year**\_\_\_\_

Full Baptismal Name \_\_\_\_\_  Male  Female

*A copy of [SACRAMENT(S) RECEIVED] Baptismal/ First Holy Communion certificate must accompany registration if you are new to the Religious Education Program.*

Birth Date \_\_\_\_\_ Birth Place \_\_\_\_\_

**School Attending in Fall** \_\_\_\_\_ **Grade** \_\_\_\_\_

Please list some of your child's strengths:

\_\_\_\_\_  
Please list areas in which your child needs improvement, has special needs (i.e., any disabilities, taking regular medication), or allergies.  
\_\_\_\_\_

Are there any special/family circumstances regarding this student that we should be aware of ?

Yes  No If yes, please explain.  
\_\_\_\_\_

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### **CHILD 2: SACRAMENT PREPARATION 1<sup>st</sup> Year**\_\_\_\_ **2<sup>nd</sup> Year**\_\_\_\_

Full Baptismal Name \_\_\_\_\_  Male  Female

*A copy of [SACRAMENT(S) RECEIVED] Baptismal/ First Holy Communion certificate must accompany registration if you are new to the Religious Education Program.*

Birth Date \_\_\_\_\_ Birth Place \_\_\_\_\_

**School Attending in Fall** \_\_\_\_\_ **Grade** \_\_\_\_\_

Please list some of your child's strengths:

\_\_\_\_\_  
Please list areas in which your child needs improvement, has special needs (i.e., any disabilities, taking regular medication), or allergies.  
\_\_\_\_\_

Are there any special/family circumstances regarding this student that we should be aware of ?

Yes  No If yes, please explain.  
\_\_\_\_\_



# FHC EMERGENCY-EARTHQUAKE PARENTAL CONSENT FORM

## Student 1

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

Male       Female      Birth Date \_\_\_\_\_ Grade \_\_\_\_\_

Special needs or concerns: (List all allergies or allergic reactions to any food, medication, insect bites, existing illness, previous serious illness and injuries. Any hospitalizations during the past 12 months [include name of hospital], and any medication prescribed for long-term continuous use):

## Student 2

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

Male       Female      Birth Date \_\_\_\_\_ Grade \_\_\_\_\_

Special needs or concerns: (List all allergies or allergic reactions to any food, medication, insect bites, existing illness, previous serious illness and injuries. Any hospitalizations during the past 12 months [include name of hospital], and any medication prescribed for long-term continuous use):

I hereby warrant to St. Thomas Aquinas Catholic Church that I am entitled to legal custody and possession of my child, and accordingly am authorized to sign this emergency form.

\_\_\_\_\_  
**Signature of Parent(s)/Guardian(s):**

\_\_\_\_\_  
**Date:**

In the event that I cannot be reached to make arrangements for emergency medical care at the time of illness or accident, I authorize St. Thomas Aquinas Catholic Church or its Representative to take my child to the doctor listed above or to the hospital listed below.

\_\_\_\_\_  
Hospital of preference:

\_\_\_\_\_  
**Signature of Parent(s)/Guardian(s):**

\_\_\_\_\_  
**Date:**

I give my permission to the adults working with St. Thomas Aquinas Catholic Church to give medical care as needed, including permission to the physician selected to render any medical or surgical care deemed necessary to my child if a parent and/or guardian cannot be reached. I understand that in the event that professional medical care is needed, I will be notified as soon as possible at one of the above numbers.

It is understood that by signing this consent form that the parent-guardian absolves St. Thomas Aquinas Catholic Church and its Religious Education/Confirmation Program, the Staff, and any and all members of its' governing Boards from any responsibility for the safety, welfare, health, and well-being of the participant, beyond such matters as may be called reasonable care for the participant in the custody of an adult working with the St. Thomas Aquinas Catholic Church and subject to the adults clear instructions. Should it be necessary for the participant to receive medical attention or to return home due to medical reasons, disciplinary action, or otherwise, I hereby assume all medical and transportation costs.

\_\_\_\_\_  
**Signature of Parent(s)/Guardian(s):**

\_\_\_\_\_  
**Date:**



# FHC PUBLICATION OF PHOTOGRAPHY CONSENT FORM

I understand that from time-to-time St. Thomas Aquinas Church may wish to publish photographs of Religious Education and/or Confirmation students in the Sunday Bulletin or in another church related publication. The Sunday Bulletin is posted on the St. Thomas Aquinas website on an Internet accessible World Wide Web server. I understand that St. Thomas Aquinas' website may also wish to use photographs of Religious Education and/or Confirmation students. Photographs posted on the Internet may include only the last name initial and first name of the Religious Education and/or Confirmation student.

I acknowledge that the church website content is not private and can be reviewed, copied, downloaded and transmitted by anyone with access to the Internet and that St. Thomas Aquinas Church has no control over this. I hereby waive, release, and forever discharge any and all claims, demands or causes of actions against St. Thomas Aquinas Church and its facility, staff, employees, agents, contractors and any other person, organization or entity assisting them in connection with the posting of information on the website for damages or injuries in any way related to. Connected to or arising from the publishing or posting of information on the church's internet website or the use of that information and expressly assume the risk of any injury or damage resulting from said posting of information on the website.

I further understand and agree that this authorization remains in effect until such time as it is withdrawn in writing. I understand that if I change my mind relating to this authorization, that I will submit another authorization form to St. Thomas Aquinas Church.

*Please check the applicable option:*

My son(s)/daughter(s) photograph(s) can be published in the Sunday Bulletin or in another church-related publication and posed on the St. Thomas Aquinas Church website on the Internet.

I do ***not*** want my son(s)/daughter(s) photograph(s) published in the Sunday Bulletin or in another church-related publication and posed on the St. Thomas Aquinas Church website on the Internet.

\_\_\_\_\_  
**Signature of Parent(s)/Guardian(s):**

\_\_\_\_\_  
**Date:**

### STUDENT INFORMATION

**Student 1** Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Grade: ***(Please circle)***      2      3      4      5      6      7      8

**Student 2** Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Grade: ***(Please circle)***      2      3      4      5      6      7      8



**St. Thomas Aquinas Church – Religious Education  
VIRTUS “Teaching Touching Safety” Children’s Program  
Archdiocese of Los Angeles  
“Permission Form” 2018-2019**

**TO: Parents**  
**FROM: St. Thomas Aquinas Religious Education Office**  
**SUBJECT: Opt-In Notice of VIRTUS**  
**Date: TBD**

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St. Thomas Aquinas Religious Education will present a sexual abuse prevention program, called *Touching Safety*, to our students. The creators of the Protecting God’s Children program developed the Touching Safety program. This program is provided to us by the Archdiocese of Los Angeles, and is a part of our ongoing effort to help create and maintain a safe environment for children and to protect all children from sexual abuse.

As a parent, you have the right to choose whether your son or daughter participates. If you have any questions about the program, please contact Carmen Austria at (626)993-4933. If you determine that you **DO**, in fact, want your child to participate, please complete the “opt-in” form at the bottom of this page.

For more information on the Touching Safety program visit the VIRTUS online website at [www.virtus.org](http://www.virtus.org)

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Permission form for use with the Touching Safety program:

**I understand that the only way my son/daughter will be allowed to participate in the Protecting God’s Children “Touching Safety” program is with my permission. I am specifically requesting that St. Thomas Aquinas Religious Education program presents the *Touching Safety program* to my son/daughter:**

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**Student 1** Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Grade: \_\_\_\_\_

**Student 2** Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Grade: \_\_\_\_\_

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**Parent’s Name (Print)**

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**Signature of Parent(s)/Guardian(s):**

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**Date:**



2018-2019 FHC Parent(s) Information:

Candidate(s) Name: \_\_\_\_\_ Cell #: \_\_\_\_\_

Mom's Name: \_\_\_\_\_ Dad's Name: \_\_\_\_\_

Mom Cell #: \_\_\_\_\_ Dad Cell #: \_\_\_\_\_

**Have you received the following Sacraments?**

**MOM**

**DAD**

Baptism: Y/ N

Baptism: Y/ N

First Communion: Y/ N

First Communion: Y/ N

Confirmation: Y/ N

Confirmation: Y/ N

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Are you married? Yes/ No

Is this your first marriage? Yes/No

In the Catholic Church? Yes/ No

Are you divorced? Yes/No

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How can we help in your faith formation with your son/daughter?

What do you expect your son/daughter to learn at this time in their life?

How would you like to get involved in the church?

**PLEASE CIRCLE:** (A) Lector (B) Eucharist Minister (C) Usher (D) Other \_\_\_\_\_