

Kinderchurch

2018-2019 Calendar

****Signup links and details for each event will be sent out to registered families at least 1 month prior****

| Event | Date | Time |
|-------------------------------|-------------|-------------|
| Kinderchurch Training | 8/12/2018 | 4:00pm |
| First Day & Welcome Social | 9/9/2018 | 10:30am |
| All Souls Day Fellowship | 10/28/2018 | 10:30am |
| Harvest Fellowship | 11/18/2018 | 10:30am |
| St. Nicholas Pageant | 12/16/2018 | 10:30am |
| New Year Fellowship | 1/6/2019 | 10:30am |
| Valentines Fellowship | 2/10/2019 | 10:30am |
| Rock Painting Fellowship | 3/17/2019 | 10:30am |
| Easter Egg Hunt | 4/14/2019 | 10:45am |
| End of Year Pageant & Potluck | 5/19/2019 | 10:30am |



Kinderchurch Registration

Good Shepherd Catholic Church
9539 Racquet Court, Elk Grove, CA 95758

REGISTRATION COSTS

The Registration Fee is \$30 per child
(NON-REFUNDABLE)

Discounts

\$10 discount for all Approved Catechists
\$5 discount per child for each additional sibling

Parent/Guardian Information

Mother/Guardian's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Cell Phone: (____) _____ Email Address: _____

Father/Guardian's Name: _____

CHECK IF THE ADDRESS INFORMATION IS THE SAME AS THE ONE LISTED ABOVE

Address: _____

City: _____ State: _____ Zip: _____

Cell Phone: (____) _____ Email Address: _____

Emergency Contact

In the event that the parent(s)/guardian(s) cannot be reached please list an emergency contact.

Full Name: _____

Phone Number: _____

Relationship to child(ren): _____

KINDERCHURCH COORDINATORS AND OFFICE USE ONLY

Registration Amount Paid \$ _____

Catechist Discount Applied? _____

CIRCLE PAYMENT FORM THAT APPLIES:

Cash

Received by: _____

Check Number _____

Date Received: _____

Debit/Credit (Payment made in Parish Office)

Kinderchurch Student Information

CHILD 1

First Name: _____

Last Name: _____

Date of Birth: _____

CIRCLE CLASS this student is enrolling for the current school year:

Nursery (18 months – 2 years)

Pre-Kinder (4 years)

Preschool (3 years)

Kindergarten (attending Kindergarten)

Is this student potty trained?

Yes

In the process of potty training..

The Coordinator, Leading Catechist or Classroom Assistant has parental/guardian permission to help our child if they have any issues while going to the bathroom.

We prefer to be contacted if our child needs help going to the restroom.

No – Coordinator or catechists will contact you if your child needs a diaper change.

Health History of this Child

*Dietary Restrictions? Y/N If yes, describe: _____

Please leave any additional information below regarding your child having any medical conditions or allergies that we should be aware of for their safety in our classes.

CHILD 2

First Name: _____

Last Name: _____

Date of Birth: _____

CIRCLE CLASS this student is enrolling for the current school year:

Nursery (18 months – 2 years)

Pre-Kinder (4 years)

Preschool (3 years)

Kindergarten (attending Kindergarten)

Is this student potty trained?

Yes

In the process of potty training..

The Coordinator, Leading Catechist or Classroom Assistant has parental/guardian permission to help our child if they have any issues while going to the bathroom.

We prefer to be contacted if our child needs help going to the restroom.

No – Coordinator or catechists will contact you if your child needs a diaper change.

Health History of this Child

*Dietary Restrictions? Y/N If yes, describe: _____

Please leave any additional information below regarding your child having any medical conditions or allergies that we should be aware of for their safety in our classes.

***DIETARY RESTRICTIONS** - If your child has any dietary restrictions that prevent them from eating the snacks provided by Kinderchurch; please let us know and provide an alternate snack for your child each week. Most snacks in the classroom include: Cheerios, crackers, popcorn, pretzels, fruit snacks and animal cookies. We do not provide any of our classrooms with snacks that contain tree nuts or peanuts.

For families with more than two children to be registered in our program

CHILD 3

First Name: _____

Last Name: _____

Date of Birth: _____

CIRCLE CLASS this student is enrolling for the current school year:

Nursery (18 months – 2 years)

Pre-Kinder (4 years)

Preschool (3 years)

Kindergarten (attending Kindergarten)

Is this student potty trained?

- Yes
- In the process of potty training..
 - The Coordinator, Leading Catechist or Classroom Assistant has parental/guardian permission to help our child if they have any issues while going to the bathroom.
 - We prefer to be contacted if our child needs help going to the restroom.
- No – Coordinator or catechists will contact you if your child needs a diaper change.

Health History of this Child

*Dietary Restrictions? Y/N If yes, describe: _____

Please leave any additional information below regarding your child having any medical conditions or allergies that we should be aware of for their safety in our classes.

CHILD 4

First Name: _____

Last Name: _____

Date of Birth: _____

CIRCLE CLASS this student is enrolling for the current school year:

Nursery (18 months – 2 years)

Pre-Kinder (4 years)

Preschool (3 years)

Kindergarten (attending Kindergarten)

Is this student potty trained?

- Yes
- In the process of potty training..
 - The Coordinator, Leading Catechist or Classroom Assistant has parental/guardian permission to help our child if they have any issues while going to the bathroom.
 - We prefer to be contacted if our child needs help going to the restroom.
- No – Coordinator or catechists will contact you if your child needs a diaper change.

Health History of this Child

*Dietary Restrictions? Y/N If yes, describe: _____

Please leave any additional information below regarding your child having any medical conditions or allergies that we should be aware of for their safety in our classes.

***DIETARY RESTRICTIONS** - If your child has any dietary restrictions that prevent them from eating the snacks provided by Kinderchurch; please let us know and provide an alternate snack for your child each week. Most snacks in the classroom include: Cheerios, crackers, popcorn, pretzels, fruit snacks and animal cookies. We do not provide any of our classrooms with snacks that contain tree nuts or peanuts.

LIABILITY WAIVER

“In the event that I cannot be reached in a serious emergency, I authorize church personnel to call my family physician, or if the situation demands, summon the appropriate medical personnel to transfer my child to the nearest medical facility for care.”

PLEASE PRINT YOUR FULL NAME: _____

Parent/Guardian’s Signature: _____ Date: _____

**I do not choose to sign the above statement.
In the event of an emergency please...**

PLEASE PRINT YOUR FULL NAME: _____

Parent/Guardian’s Signature: _____ Date: _____

MEDICAL INSURANCE INFORMATION

Your medical carrier will be billed for all medical charges in the case of illness or injury.

Insurance Company _____

Name of Policyholder _____

Place of Employment _____

Doctor: _____

Address: _____

Phone Number: _____

Dentist: _____

Address: _____

Phone Number: _____

Good Shepherd Catholic Church Kinderchurch Photography Release

NAME OF CHILD/REN AND CLASS ENROLLED IN:

| | |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

During the course of our program we will be taking pictures of the classes to document events and special moments. These photos will also be used for gifts made for the parents and promotional materials.

PLEASE COMPLETE ONE OF THE TWO STATEMENTS BELOW:

I HEREBY AUTHORIZE Good Shepherd Catholic Church Kinderchurch Ministry, hereafter referred to as "Parish," to publish photographs taken of myself and/or my minor child/ren, and our names and likenesses, for use in the Parish's print, online, social media and video-based materials, as well as other Parish Publications.

I hereby release and hold harmless the Parish from any reasonable expectation of privacy or confidentiality for myself and for my minor child/ren associated with the images specified above. Further, I attest that I am the parent or legal guardian of the child/ren and that I have full authority to consent and authorize the Parish to use their likenesses and names.

I further acknowledge that participation is voluntary and that neither I, nor my minor child/ren will receive financial compensation of any type associated with the taking or publication of these photographs or participation in Parish materials or other Parish publications. I acknowledge and agree that publication of said photos confers no rights of ownership or royalties whatsoever.

I hereby release the Parish, its contractors, its employees and any third parties involved in the creation or publication of Parish publications, from liability for any claims by me or any third party in connection with my participation or the participation of my minor child/ren.

Parent/Guardian Signature _____
Printed Name _____

OR

I DO NOT WISH for my child to be photographed. I understand this includes photographs that would be used for gifts that the children make as a class for their parents/guardians.

Parent/Guardian Signature _____
Printed Name _____

KINDERCHURCH MINISTRY GUIDELINES

The following guidelines were developed in order to meet our ministry's goal of a well-supervised, high quality religious education for our young children. Your understanding and cooperation is appreciated.

- We have established adult to child ratios and maximum capacities in each classroom to foster a successful learning environment. Space for your child is on a first-come, first-served basis each Sunday as determined by the ratios. **If the ratio has been met for the day, you are welcome to stay if you wish for your child to participate.**
- When signing your child into class, we ask that you leave your cell phone number and set your cell phone on vibrate while in Mass. **In the event that your child needs a diaper change or there is a need for us to reach you, you will be contacted through your cell phone.**
- Both mass and the Kinderchurch program begin promptly at 9am - children must be signed into their classroom before mass begins, but no earlier than 8:40am. Admission after 9am must be authorized by the Coordinator. During sign-in you will be given a security card that the parent/guardian must present during sign out.
- **For the safety of the children and to minimize disruptions to the class, sign out will begin when the teacher is ready for dismissal.**
- **If your child is sick please do not have them attend class.**

KINDERCHURCH IS A PARENT PARTICIPATION MINISTRY

Your family's participation is key to the success of this ministry and there are many ways to participate

*At a minimum, each family is requested to assist in any of our classes as a PARENT VOLUNTEER for **THREE Sundays per enrolled child**. We are always in need of catechists to lead the classrooms in our program. Participation as a TEACHER or ASSISTANT TEACHER provides registration discounts per family.*

Please sincerely pray and ask the Lord how He would have you support His littlest parishioners. Peace be with you!

VOLUNTEER OPTIONS:

TEACHER

- Prepare lesson plan (instructional materials and training provided)
- Administer check-in process
- Supervise and lead children in structured lesson plan
- Lead children in learning the classroom Faith Focus goal(s)
- Administer check-out process
- Clean up classroom
- Commit to approximately six Sundays throughout the year

TEACHER ASSISTANT

- Set up classroom
- Supervise children
- Assist teacher in the classroom with preparing lesson materials as needed
- Clean up classroom
- Commit to approximately six Sundays throughout the year

PARENT VOLUNTEER

- Supervise children
- Assist teacher and assistant teacher in supervising the children
- Commit to approximately three Sundays per child throughout the year

SPECIAL EVENTS VOLUNTEER

- Assist with preparing materials for events (materials will be given to taken home and bring on day of event)
- Assist with event set-up on day of event and/or assisting during the event
- Donate raffle baskets or egg fillers for the Easter Egg Hunt

KINDERCHURCH VOLUNTEER APPLICATION

(MANDATORY FOR PARENTS/GUARDIANS OF CHILDREN ENROLLED IN THE PROGRAM)

NAME _____
PHONE NUMBER _____
EMAIL ADDRESS _____

**Please check the role(s) you are interested in volunteering.
If Teacher or Assistant Teacher also check the classroom levels.**
(Check all that apply)

Teacher Nursery
Preschool
Pre-Kindergarten
Kindergarten

Assistant Teacher Nursery
Preschool
Pre-Kindergarten
Kindergarten

Coordinator

Parent Volunteer

Special Events Volunteer

Have you been fingerprinted with LIVESCAN for Good Shepherd Catholic Church? Yes / No

If you have not yet been fingerprinted please contact us for more information on getting this taken care of so that you can volunteer in our program. This must be done as soon as possible!