

Kinderchurch Registration

September 2016 – May 2017

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

REGISTRATION COSTS

The registration fee is \$30 per child

Discounts

\$10 discount for all Approved Catechists
\$5 discount per child for each additional sibling
enrolled for the 2016-17 class sessions

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 2016-1017

CHILD 1

First Name: _____
Date of Birth: _____

Last Name: _____

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

Nursery (18 mos. by 9/1/16)
Pre-Kinder (4 yrs by 9/1/16)

Preschool (3 yrs by 9/1/16)
Kindergarten (attending Kindergarten 2016/2017)

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: _____
Date of Birth: _____

Last Name: _____

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

Nursery (18 mos. by 9/1/16)
Pre-Kinder (4 yrs by 9/1/16)

Preschool (3 yrs by 9/1/16)
Kindergarten (attending Kindergarten 2016/2017)

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 mos. by 9/1/16)

Pre-Kinder (4 yrs by 9/1/16)

Preschool (3 yrs by 9/1/16)

Kindergarten (attending Kindergarten 2016/2017)

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 mos. by 9/1/16)

Pre-Kinder (4 yrs by 9/1/16)

Preschool (3 yrs by 9/1/16)

Kindergarten (attending Kindergarten 2016/2017)

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 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 _____

OR

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 _____

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, needs to be consoled by Mom or Dad, or is being disruptive in class, 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 children 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 to come unto Him. 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

We also encourage our families to participate in one or more of our Kinderchurch Special Events. These events include:

- Kinderchurch participation in the Parish Festival
- St. Nicholas Pageant & Social
- May Crowning Celebration
- Easter Egg Hunt
- Kinderchurch End-of-the-Year Social

Jesus said, "Let the little children come to me, and do not hinder them, for the kingdom of heaven belongs to such as these." (Matthew 19:14)

KINDERCHURCH VOLUNTEER APPLICATION

(MANDATORY FOR PARENTS OR GUARDIANS OF CHILDREN ENROLLING IN OUR PROGRAM)

FIRST NAME _____

LAST NAME _____

PHONE NUMBER _____

EMAIL ADDRESS _____

Please check the classroom grade level you are interested in volunteering.
(You can assist in more than one grade level if you wish)

- | | |
|------------------|--------------------------|
| Nursery | <input type="checkbox"/> |
| Preschool | <input type="checkbox"/> |
| Pre-Kindergarten | <input type="checkbox"/> |
| Kindergarten | <input type="checkbox"/> |

What is your level of volunteer preference? Please check all that apply.

- | | |
|-------------------|--------------------------|
| Teacher | <input type="checkbox"/> |
| Assistant Teacher | <input type="checkbox"/> |
| Parent Volunteer | <input type="checkbox"/> |
| Special Events | <input type="checkbox"/> |

Have you been fingerprinted with LIVSCAN 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!

If you plan to be a Teacher or Assistant Teacher have you taken the SHIELD class online? Yes / No
If yes - what was the date of the last time the course was taken? _____
Access to Shield the Vulnerable, the online training program for the diocese, can be found at <http://shieldthevulnerable.org>. Volunteers must be recertified every three years.