



# Please complete all fields

		F/		NFORMATION ish Records			
FAMILY Last Name:			Home Phone:				
Emergency Contact:			Emergency Phone:				
FATHER'S Information		MOTHER'S Information					
Father's Last Name:				Mother's Last Name:			
Father's First Name:				Mother's First Name:			
				Mother's Last Name at Bir	<u>th</u> (Maiden Name	):	
Father's Religion:				Mother's Religion:			
Father's Cell Phone:				Mother's Cell Phone:			
Father's Primary Email:				Mother's Primary Email:			
Father's Home Address (including ZIP):		Mother's Home Address (i	ncluding ZIP):				
Р		We are in the	e process of u	TS RECEIVED pdating all Parish Record eived through the <u>Roma</u>		<u>ch</u>	
Father's Sacraments Receiv	ved:			Mother's Sacraments Rece	eived:		
Baptism:	YES	NO		Baptism:	YES	NO	
First Holy Eucharist:	YES	NO		First Holy Eucharist:	YES	NO	
Confirmation:	YES	NO		Confirmation:	YES	NO	
Marriage:	YES	NO		Marriage:	YES	NO	
Religio	us Education			CLASSROOM form extensively for	BOTH Parent	s & Students.	
				imary Parent" responsibl nust display FIRST & LAS	-	-	<u>ES.</u>

PRIMARY Parent's GMAIL Address:

@GMAIL.com

# CFF STUDENT REGISTRATION INFORMATION For Grades 1 - 6 & TSP

- Pages 3 & 4 of this registration packet apply ONLY to the registration of Students in CFF
   Grades 1 6 & TSP.
- TSP stands for <u>Teen Sacrament Preparation and applies to 6<sup>th</sup> 12<sup>th</sup> Grade Students who still need the Sacraments of Baptism and/or First Holy Eucharist.
  </u>
- If you are only registering Students in **Confirmation Preparation**, skip to **pages 5 & 6**.

# **GMAIL REQUIRED**

A GMAIL Address MUST be provided for <u>EACH STUDENT</u> enrolled in Religious Education.

**Do NOT use your student's EGUSD account** (EGUSD has a firewall that prevents our Google Classrooms from accessing their accounts).

ALL Gmail Addresses should be set up to display ONLY <u>FIRST & LAST NAME</u> (no nicknames) so that they will display correctly in our Religious Education Google Classroom.

**Grades 1 – 6 General Catechesis Classes:** You may provide <u>either</u> the Parent's Gmail Address or the Student's own unique Gmail Address.

**TSP Classes:** You need to provide the Student's own unique Gmail Address.

- **DO NOT** use a parent's Gmail Address.
- If your teen does not already have their own Gmail account, you will need to create one for the purposes of Religious Education and provide it with their registration information.

# CFF STUDENT REGISTRATION INFORMATION For Grades 1 - 6 & TSP

STUDENT #1			
Child's Name:			Gender: 🗆 Male 🗆 Female
Date of Birth:			Grade (2024-2025):
			School:
<u>GMAIL</u> Address (*):			@GMAIL.com
Sacraments Received Baptism: YES NO	1 <sup>st</sup> Eucharist: YES	NO	
Medical and/or Food Allergies:			
Special Needs/Disabilities:			
STUDENT #2			
Child's Name:			Gender: 🗆 Male 🗆 Female
Date of Birth:			Grade (2024-2025):
			School:
<u>GMAIL</u> Address (*):			@GMAIL.com
Sacraments Received Baptism: YES NO	1 <sup>st</sup> Eucharist: YES	NO	
Medical and/or Food Allergies:			
Special Needs/Disabilities:			
STUDENT #3			
Child's Name:			Gender: 🗆 Male 🗆 Female
Date of Birth:			Grade (2024-2025):
			School:
<u>GMAIL</u> Address (*):			@GMAIL.com
Sacraments Received Baptism: YES NO	1 <sup>st</sup> Eucharist: YES	NO	
Medical and/or Food Allergies:			
Special Needs/Disabilities:			

# CFF 2024-2025

# Grades 1 – 6 & TSP

## WHAT TO CONSIDER WHEN SIGNING UP FOR CLASSES:

- > LEVEL 2: Is for students in...
  - GRADE 4, 5, OR 6 who still need the Sacrament of First Holy Communion <u>AND</u> who are entering their second year of CFF classes, <u>OR</u>
  - **GRADE 6** entering first year of Sacrament Preparation.
  - ALL Level 2 students need to sign up for the Grade Level General Catechesis Class <u>AND</u> the additional Level 2 class on Thursday.
- TEEN SACRAMENT PREPARATION (TSP): Is for students in GRADES 7 12 who still need the Sacrament of Baptism and/ or First Holy Communion.

<b>CFF: GRADES 1 – 6 &amp; TSP ONLY</b> Placement will be on a first come/first serve basis.			
TUESDAYS	THURSDAYS		
General Catechesis Classes 4:00 – 5:30 PM	General Catechesis Classes 4:00 – 5:30 PM	TSP Classes 5:45 – 7:15 PM	
Grade 1 CLASS CLOSED	Grade 1	Grade 7	
Grade 2 CLASS CLOSED	Grade 2 CLASS CLOSED	Grade 8	
Grade 3	Grade 3	Grade 9	
Grade 4 CLASS CLOSED	Grade 4	Grade 10	
Grade 5	Grade 5	Grade 11	
Grade 6	Grade 6	Grade 12	
General Catechesis Classes 6:00 – 7:30 PM	ADDI LEVEL 2/Sacramen 5:45 - 7	•	
Grade 1 Grade 2 Grade 3 Grade 4 Grade 5 Grade 6	Grade 4 - 5 Level 2 Grade 6 Year 1		

# CONFIRMATION PREPARATION STUDENT REGISTRATION INFORMATION For Teens in Grades 7 – 11

who have already received the Sacrament of First Holy Eucharist

- Pages 5 & 6 of this registration packet apply ONLY to the registration of Students in Confirmation Preparation.
- GSCC Confirmation Preparation is open to Middle School & High School Students who have already received the Sacrament of First Holy Eucharist.
- High School Seniors (grade 12 or 18 years old) just beginning Confirmation Preparation should speak to the Office of Religious Education before registering. You will need to be enrolled in the RCIA/Adult Confirmation Program.

# **GMAIL REQUIRED**

A GMAIL Address MUST be provided for each Confirmation Candidate enrolled in Religious Education. DO NOT USE PRIMARY PARENT ADDRESS.

**Do NOT use your student's EGUSD account** (EGUSD has a firewall that prevents our Google Classrooms from accessing their accounts).

ALL Gmail Addresses should be set up to display ONLY <u>FIRST & LAST NAME</u> (no nicknames) so that they will display correctly in our Religious Education Google Classroom.

# CONFIRMATION PREPARATION STUDENT REGISTRATION INFORMATION For Teens in Grades 7 – 11

who have already received the Sacrament of First Holy Eucharist

CONFIRMATION STUDENT #1	
Child's Name:	Gender: 🗆 Male 🗆 Female
Date of Birth:	Grade (2024-2025):
	School:
Child's <u>GMAIL</u> Address (*):	@gmail.com
Sacraments Received Baptism: YES NO 1 <sup>st</sup> Eucharist: YES NO	
Medical and/or Food Allergies:	
Special Needs/Disabilities:	
CONFIRMATION STUDENT #2	
Child's Name:	Gender: 🗆 Male 🗆 Female
Date of Birth:	Grade (2024-2025):
	School:
Child's <u>GMAIL</u> Address (*):	@gmail.com
Sacraments ReceivedBaptism:YESNO1st Eucharist:YESNO	
Medical and/or Food Allergies:	
Special Needs/Disabilities:	
CONFIRMATION STUDENT #3	
Child's Name:	Gender: 🗆 Male 🗆 Female
Date of Birth:	Grade (2024-2025):
	School:
Child's <u>GMAIL</u> Address (*):	
Sacraments Received Baptism: YES NO 1 <sup>st</sup> Eucharist: YES NO	
Medical and/or Food Allergies:	
Special Needs/Disabilities:	

# **CONFIRMATION 2024-2025**

Placement will be on a first come/first serve basis.

CONFIRMATION YEAR 1 ALL CLASSES 6:30 – 8:30 PM				
MONDAY	THURSDAY			
6:30 – 8:30 PM	6:30 – 8:30 PM			
MIDDLE	SCHOOL			
Grade 7	Grade 7			
Grade 8	Grade 8			
HIGH SCHOOL (Class availability subject to change based on final enrollment numbers)				
Grade 9	Grade 9			
Grade 10	Grade 10			
Grade 11	Grade 11			

	TION YEAR 2 6:30 – 8:30 PM		
MONDAY THURSDAY			
6:30 – 8:30 PM	6:30 – 8:30 PM		
MIDDLE	SCHOOL		
Grade 8 Grade 8			
	SCHOOL based on final enrollment numbers)		
Grade 9	Grade 9		
Grade 10	Grade 10		
Grade 11	Grade 11		
Grade 12	Grade 12		

# **DISCLOSURE FORM**

## **ATTENDANCE POLICY**

### **CFF ATTENDANCE POLICY 2024-2025**

- Three (3) class absences (excused or unexcused) will be allowed for the year. Students with absences that exceed the policy will be dropped from the program for this catechetical year. There will be no refund.
- For First Holy Eucharist Sacrament Preparation: Diocesan policy requires <u>two</u> full years of sacrament preparation catechesis, AND the completion of <u>ALL</u> additional requirements set forth by the parish & diocese in order to receive the Sacrament of First Holy Eucharist.

## **CONFIRMATION PREPARATION ATTENDANCE POLICY 2024-2025**

- One (1) ONE EIGHT class absence (excused or unexcused) will be allowed for the year. Students with absences that exceed the policy will be dropped from the program for this catechetical year. **There will be no refund**.
- For Sacrament Preparation for Confirmation: Diocesan policy requires <u>two</u> full years of sacrament preparation catechesis, AND the completion of <u>ALL</u> additional requirements set forth by the parish & diocese in order to receive the Sacrament of Confirmation.

# **PHOTO/VIDEO POLICY**

I understand that during ministry events, ministry leaders or other representatives of the Parish may take photographs or videos during the event, and that those photographs or videos may therefore include the images of children who are participating.

I understand that as part of the Parish's desire to evangelize and promote Religious Education & Youth Ministry, photographs and video recordings may be used by the Parish in ways that include, but are not limited to, posting on the Parish website or Parish social media, or inclusion in bulletins or other written publications of the Parish, and that video or photographs used in that manner may include the images of children who have participated in Religious Education, Youth Ministry, and Parish activities.

I understand that any photographs or video recordings posted on the Parish website or social media will NOT identify individual minors by name or age, unless written authorization is provided in advance by a parent/legal guardian.

Parent's Name:	 	Date
Student name(s):	 	
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#### ALL FAMILIES

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EMERGENCY / MEDICAL RELEASE FORM 2024-2025				
Student's Last Name	Student's First Name	GRADE	Date of Birth	Medical / Food Allergies
Father's Name:			Cell Pho	one:
Mother's Name: Cell Phone:				
Emergency contact if parents	cannot be contacted (neighb	or, friend,	relative):	
Emergency contact phone nu	mber:		_	
Physician's Name: Phone:				
Medical Insurance Company:				
Medical Group/Record Numb	oer:			

#### PLEASE INDICATE A PREFERENCE IN THE EVENT OF AN ACCIDENT OR EMERGENCY (Check Box 1 or 2)

1. In the event of a serious emergency, and no parent listed above can be contacted, 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 hospital for emergency care. The undersigned hereby agrees to bear any costs incurred as a result of the foregoing.

2. I do not choose the above statement and desire the following action:

Parent's Name:	Date
0	

# **ATTENTION!**

The following Diocesan Youth Permission Form must be filled out for <u>EACH Confirmation Candidate</u>

enrolled in 2024-2025 classes.

#### **CONFIRMATION FAMILIES ONLY**

Complete & sign **ONE** form below for **EACH TEEN** enrolled in Confirmation Preparation. Failure to electronically complete & sign this form will delay the processing of your registration. This form will be printed and filed in a binder for Confirmation & Youth Ministry Access in the event of an emergency.

## **DIOCESE OF SACRAMENTO**

2024-2025 Youth Activity Permission, Medical Release, and Parental Consent Form

Student's Name:	Date of Birth:	Grade:
Names of Parents / Guardians:		
Street Address:		
City / State / Zip Code:		
Home phone number: (parent #1)	(parent #2)	
Work phone number: (parent #1)	(parent #2)	
Cell phone number: (parent #1)	(parent #2)	

Parish / School: Good Shepherd Catholic Church

#### Event: All GSCC Confirmation & THE GROVE Youth Ministry events (onsite or offsite)

Transportation will be provided by: Parents

#### YOUTH CODE OF CONDUCT:

I agree to uphold and exemplify positive Catholic values, and I understand that my participation in this program requires compliance with rules and regulations regarding my conduct. Specifically, I agree that during my participation in the program:

- I will follow the directions of adult leaders;
- I will treat adult leaders and other participants with respect;
- I will stay with my assigned group, and participate in the approved activity;
- I will dress appropriately at all times;
- I will not use, bring, or be under the influence of illegal drugs or alcohol;
- I will not smoke or use tobacco products;
- I will not engage in inappropriate sexual behavior;
- I will not be in the possession of or use firearms, knives, or weapons of any kind;
- I will not engage in acts of violence, stealing, dishonesty, gambling, or profanity; and
- I will respect the physical property of the facility and of others, and will not engage in acts of vandalism.

I agree to abide by these rules and the supervision of adult leaders, and understand that violations will be dealt with in an immediate and appropriate manner. If I should be dismissed from participation in the program, I understand that my parents will be contacted to arrange for my immediate transportation home.

Signature of Youth Participant

Date

Signature of Parent (acknowledging the commitment):

## EMERGENCY HEALTH / MEDICAL INFORMATION AND CONSENT

In the event of an emergency, I, the undersigned parent/guardian of the child named on this form, hereby give permission to the Diocese of Sacramento, parishes and schools within the Diocese, and their employees, agents, representatives, and adult volunteers, to arrange for and authorize emergency medical, dental, or surgical treatment for my child, as considered necessary by the attending physician. I wish to be advised prior to any further treatment by the hospital or doctor.

Family Doctor:	Phone:
Family Dentist:	Phone:
Family Health Plan Carrier:	
Policy Number:	

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Proceed to next page for TEEN #2.

#### **CONFIRMATION FAMILIES ONLY**

Complete & sign **ONE** form below for **EACH TEEN** enrolled in Confirmation Preparation. Failure to electronically complete & sign this form will delay the processing of your registration. This form will be printed and filed in a binder for Confirmation & Youth Ministry Access in the event of an emergency.

## **DIOCESE OF SACRAMENTO**

2024-2025 Youth Activity Permission, Medical Release, and Parental Consent Form

Student's Name:	Date of Birth:	Grade:		
Names of Parents / Guardians:				
Street Address:				
City / State / Zip Code:				
Home phone number: (parent #1)				
Work phone number: (parent #1)	(parent #2)			
Cell phone number: (parent #1)	(parent #2)	_ (parent #2)		

Parish / School: Good Shepherd Catholic Church

#### Event: All GSCC Confirmation & THE GROVE Youth Ministry events (onsite or offsite)

Transportation will be provided by: Parents

#### YOUTH CODE OF CONDUCT:

I agree to uphold and exemplify positive Catholic values, and I understand that my participation in this program requires compliance with rules and regulations regarding my conduct. Specifically, I agree that during my participation in the program:

- I will follow the directions of adult leaders;
- I will treat adult leaders and other participants with respect;
- I will stay with my assigned group, and participate in the approved activity;
- I will dress appropriately at all times;
- I will not use, bring, or be under the influence of illegal drugs or alcohol;
- I will not smoke or use tobacco products;
- I will not engage in inappropriate sexual behavior;
- I will not be in the possession of or use firearms, knives, or weapons of any kind;
- I will not engage in acts of violence, stealing, dishonesty, gambling, or profanity; and
- I will respect the physical property of the facility and of others, and will not engage in acts of vandalism.

I agree to abide by these rules and the supervision of adult leaders, and understand that violations will be dealt with in an immediate and appropriate manner. If I should be dismissed from participation in the program, I understand that my parents will be contacted to arrange for my immediate transportation home.

Signature of Youth Participant

Date

Signature of Parent (acknowledging the commitment):

## EMERGENCY HEALTH / MEDICAL INFORMATION AND CONSENT

In the event of an emergency, I, the undersigned parent/guardian of the child named on this form, hereby give permission to the Diocese of Sacramento, parishes and schools within the Diocese, and their employees, agents, representatives, and adult volunteers, to arrange for and authorize emergency medical, dental, or surgical treatment for my child, as considered necessary by the attending physician. I wish to be advised prior to any further treatment by the hospital or doctor.

Family Doctor:	Phone:
Family Dentist:	Phone:
Family Health Plan Carrier:	
Policy Number:	

#### MEDICATIONS AND NON-EMERGENCY HEALTH TREATMENT

[Please sign/authorize all of the following authorizations/directions that are applicable]

1. If my child becomes ill with symptoms that do not indicate emergency medical treatment (e.g., headache, vomiting, sore throat, fever, diarrhea), I wish to be called (collect / reversed phone charges if necessary) to be informed of my child's condition.

Signature of Parent/Guardian Date 2. My child is currently taking the following medication(s), which he/she will bring on this activity, in well-labeled, original containers that include clear directions for dosage and frequency of use. I hereby give permission for an adult leader to administer the following medication(s): Signature of Parent/Guardian Date 3. No medication of any type (prescription or nonprescription) may be administered to my child unless his/her condition is life threatening and emergency treatment is required, as considered necessary by the attending physician. Signature of Parent/Guardian Date 4. I hereby grant permission for nonprescription medication (e.g., non-aspirin pain relievers, throat lozenges, cough syrup) to be given to my child, if deemed advisable by the adult supervisor of the activity, subject to the following exceptions (write "none" if there are no specific exceptions): Signature of Parent/Guardian Date SPECIFIC MEDICAL INFORMATION/CONDITIONS Allergic reactions (to medications, foods, plants, insects, etc.)? Immunizations (date of last tetanus/diphtheria immunization): Current medications being taken by child: Medically-prescribed dietary restrictions? **Physical limitations?** Learning disabilities or related conditions (ADD, ADHD, reading or writing difficulties, etc.)? History of severe homesickness, emotional reactions to new situations, sleepwalking, bed wetting, fainting? Any recent exposure (within the past two weeks) to contagious disease/condition, such as mumps, measles, chicken pox? If so, specify the date and the condition exposed to: Any dietary restrictions (other than allergies identified above)? Any other special medical issues or other conditions to be aware of?

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#### D5F9BH'5; F99A9BH'#7CBG9BH'

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Proceed to next page for TEEN #3.

#### **CONFIRMATION FAMILIES ONLY**

Complete & sign **ONE** form below for **EACH TEEN** enrolled in Confirmation Preparation. Failure to electronically complete & sign this form will delay the processing of your registration. This form will be printed and filed in a binder for Confirmation & Youth Ministry Access in the event of an emergency.

## **DIOCESE OF SACRAMENTO**

2024-2025 Youth Activity Permission, Medical Release, and Parental Consent Form

Student's Name:	Date of Birth:	Grade:
Names of Parents / Guardians:		
Street Address:		
City / State / Zip Code:		
Home phone number: (parent #1)	(parent #2)	
Work phone number: (parent #1)	(parent #2)	
Cell phone number: (parent #1)	(parent #2)	

Parish / School: Good Shepherd Catholic Church

#### Event: All GSCC Confirmation & THE GROVE Youth Ministry events (onsite or offsite)

Transportation will be provided by: Parents

#### YOUTH CODE OF CONDUCT:

I agree to uphold and exemplify positive Catholic values, and I understand that my participation in this program requires compliance with rules and regulations regarding my conduct. Specifically, I agree that during my participation in the program:

- I will follow the directions of adult leaders;
- I will treat adult leaders and other participants with respect;
- I will stay with my assigned group, and participate in the approved activity;
- I will dress appropriately at all times;
- I will not use, bring, or be under the influence of illegal drugs or alcohol;
- I will not smoke or use tobacco products;
- I will not engage in inappropriate sexual behavior;
- I will not be in the possession of or use firearms, knives, or weapons of any kind;
- I will not engage in acts of violence, stealing, dishonesty, gambling, or profanity; and
- I will respect the physical property of the facility and of others, and will not engage in acts of vandalism.

I agree to abide by these rules and the supervision of adult leaders, and understand that violations will be dealt with in an immediate and appropriate manner. If I should be dismissed from participation in the program, I understand that my parents will be contacted to arrange for my immediate transportation home.

Signature of Youth Participant

Date

Signature of Parent (acknowledging the commitment):

## EMERGENCY HEALTH / MEDICAL INFORMATION AND CONSENT

In the event of an emergency, I, the undersigned parent/guardian of the child named on this form, hereby give permission to the Diocese of Sacramento, parishes and schools within the Diocese, and their employees, agents, representatives, and adult volunteers, to arrange for and authorize emergency medical, dental, or surgical treatment for my child, as considered necessary by the attending physician. I wish to be advised prior to any further treatment by the hospital or doctor.

Family Doctor:	Phone:
Family Dentist:	Phone:
Family Health Plan Carrier:	
Policy Number:	

#### MEDICATIONS AND NON-EMERGENCY HEALTH TREATMENT

[Please sign/authorize all of the following authorizations/directions that are applicable]

1. If my child becomes ill with symptoms that do not indicate emergency medical treatment (e.g., headache, vomiting, sore throat, fever, diarrhea), I wish to be called (collect / reversed phone charges if necessary) to be informed of my child's condition.

Signature of Parent/Guardian Date 2. My child is currently taking the following medication(s), which he/she will bring on this activity, in well-labeled, original containers that include clear directions for dosage and frequency of use. I hereby give permission for an adult leader to administer the following medication(s): Signature of Parent/Guardian Date 3. No medication of any type (prescription or nonprescription) may be administered to my child unless his/her condition is life threatening and emergency treatment is required, as considered necessary by the attending physician. Signature of Parent/Guardian Date 4. I hereby grant permission for nonprescription medication (e.g., non-aspirin pain relievers, throat lozenges, cough syrup) to be given to my child, if deemed advisable by the adult supervisor of the activity, subject to the following exceptions (write "none" if there are no specific exceptions): Signature of Parent/Guardian Date SPECIFIC MEDICAL INFORMATION/CONDITIONS Allergic reactions (to medications, foods, plants, insects, etc.)? Immunizations (date of last tetanus/diphtheria immunization): Current medications being taken by child: Medically-prescribed dietary restrictions? **Physical limitations?** Learning disabilities or related conditions (ADD, ADHD, reading or writing difficulties, etc.)? History of severe homesickness, emotional reactions to new situations, sleepwalking, bed wetting, fainting? Any recent exposure (within the past two weeks) to contagious disease/condition, such as mumps, measles, chicken pox? If so, specify the date and the condition exposed to: Any dietary restrictions (other than allergies identified above)? Any other special medical issues or other conditions to be aware of?

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#### D5F9BH'5; F99A9BH'#7CBG9BH'

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