

Good Shepherd Catholic Church
 9539 Racquet Court, Elk Grove CA 95758
 (Office Phone) 916-683-2963 / (Email)
OREsupport@gsceeg.org

Term: 2024-2025
In-Person Catechesis

Please complete all fields

FAMILY INFORMATION
 Parish Records

FAMILY Last Name: _____ Home Phone: _____
 Emergency Contact: _____ Emergency Phone: _____
 (Non-Parent – neighbor, friend, or relative)

FATHER'S Information	MOTHER'S Information
Father's Last Name:	Mother's Last Name:
Father's First Name:	Mother's First Name:
	Mother's <u>Last Name at Birth</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 (including ZIP):

SACRAMENTS RECEIVED
 We are in the process of updating all Parish Records.
 Please mark the Sacraments you have received through the Roman Catholic Church

Father's Sacraments Received:	Mother's Sacraments Received:
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

GOOGLE CLASSROOM
 Religious Education uses the Google Platform extensively for BOTH Parents & Students.

All families are required to provide a GMAIL account for the "Primary Parent" responsible for sending and receiving communications with the Office of Religious Education. GMAIL must display FIRST & LAST name of parent. NO NICKNAMES.

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 Teen Sacrament Preparation and applies to 6th – 12th Grade Students who still need the Sacraments of Baptism and/or First Holy Eucharist.
- If you are only registering Students in **Confirmation Preparation**, skip to pages 5 & 6.

GMAIL REQUIRED



A GMAIL Address MUST be provided for EACH STUDENT 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 FIRST & LAST NAME (no nicknames) so that they will display correctly in our Religious Education Google Classroom.

Grades 1 – 6 General Catechesis Classes: You may provide either 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: _____

GMAIL Address (*): _____@GMAIL.com

Sacraments Received

Baptism: YES NO **1st 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: _____

GMAIL Address (*): _____@GMAIL.com

Sacraments Received

Baptism: YES NO **1st 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: _____

GMAIL Address (*): _____@GMAIL.com

Sacraments Received

Baptism: YES NO **1st 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 AND who are entering their second year of CFF classes, OR
 - **GRADE 6** entering first year of Sacrament Preparation.
 - ALL Level 2 students need to sign up for the Grade Level General Catechesis Class AND 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.


CFF: GRADES 1 – 6 & TSP ONLY		
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 2 CLASS CLOSED Grade 3 Grade 4 CLASS CLOSED Grade 5 Grade 6	Grade 1 Grade 2 CLASS CLOSED Grade 3 Grade 4 Grade 5 Grade 6	Grade 7 Grade 8 Grade 9 Grade 10 Grade 11 Grade 12
General Catechesis Classes 6:00 – 7:30 PM	ADDITIONAL LEVEL 2/Sacrament Preparation Class 5:45 – 7:15 PM	
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 FIRST & LAST NAME** (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 **GMAIL** Address (*): _____@gmail.com

Sacraments Received

Baptism: YES NO **1st 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 **GMAIL** Address (*): _____@gmail.com

Sacraments Received

Baptism: YES NO **1st Eucharist:** YES NO

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 **GMAIL** Address (*): _____@gmail.com

Sacraments Received

Baptism: YES NO **1st 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 6:30 – 8:30 PM	THURSDAY 6:30 – 8:30 PM
MIDDLE SCHOOL	
Grade 7 Grade 8	Grade 7 Grade 8
HIGH SCHOOL (Class availability subject to change based on final enrollment numbers)	
Grade 9 Grade 10 Grade 11	Grade 9 Grade 10 Grade 11

CONFIRMATION YEAR 2 ALL CLASSES 6:30 – 8:30 PM	
MONDAY 6:30 – 8:30 PM	THURSDAY 6:30 – 8:30 PM
MIDDLE SCHOOL	
Grade 8	Grade 8
HIGH SCHOOL (Class availability subject to change based on final enrollment numbers)	
Grade 9 Grade 10 Grade 11 Grade 12	Grade 9 Grade 10 Grade 11 Grade 12

ALL FAMILIES

Read & sign the disclosures below.

Failure to electronically complete & sign this form will delay the processing of your registration.

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 **two** full years of sacrament preparation catechesis, AND the completion of **ALL** 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 **two** full years of sacrament preparation catechesis, AND the completion of **ALL** 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 Phone: _____

Mother's Name: _____ Cell Phone: _____

Emergency contact if parents cannot be contacted (neighbor, friend, relative): _____

Emergency contact phone number: _____

Physician's Name: _____ Phone: _____

Medical Insurance Company: _____

Medical Group/Record Number: _____

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 _____
o	

ATTENTION!

The following Diocesan Youth
Permission Form must be filled out for
EACH Confirmation Candidate
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) _____ (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?

Page intentionally left blank.
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?

