

Dear Kinderchurch Families,

We are excited to welcome you to a new year of Kinderchurch, our church's ministry for young children focused on laying a solid foundation of faith in Jesus Christ through hands-on learning, joyful worship, and meaningful connection.

**Important Information:**

*Registration Fees-*

Your contributions help cover a full year of Biblically rooted curriculum, supplies for lessons and activities, and special ministry events for your children throughout the year. This ensures we can provide a rich, engaging experience that supports your child's spiritual growth in a fun and safe environment.

*Parent Involvement-*

Kinderchurch is a parent-led ministry. We ask that each parent volunteer for at least one class during the year. Your involvement is essential to our program's success and helps foster a strong sense of community among families. Lesson plans are provided.

*Leadership Transition-*

This will be our final year serving as Kinderchurch leads, and we are prayerfully looking for parents who feel called to step into leadership for the following year (2026-2027). If you are interested or want to learn more, we'd love to talk with you.

**Important Upcoming Dates:**

Please mark your calendars and RSVP where needed:

- August 10th - Kinderchurch Meet-Up
- September 7th - Parent Orientation and Welcome Back Social (RSVP required)
- September 21st - First Day of Kinderchurch + Orientation after class (RSVP required)

We are deeply grateful for the opportunity to serve your families and walk alongside your littles ones as they learn to love and follow Jesus. If you have any questions or would like to get involved further, don't hesitate to reach out.

With joy and gratitude,

Evee Ricacho, Lauren Austin, and Danna Ramos

Kinderchurch Co-Leads

## **2025-2026 KINDERCHURCH REGISTRATION**

Kinderchurch class will be held on most 1st and 3rd Sundays of the month during the 11am Mass from September 21, 2025 through June 7, 2026.

The registration fee, \$35 for 1 child and \$30 for each additional child, can be paid through the parish website or in-person at the parish office. This fee covers a full year of Biblically-rooted curriculum, supplies for lessons and activities, and special events for your child and family throughout the year. The registration fee is waived for teachers. Financial assistance may be available. Please reach out to the Kinderchurch coordinators for more information.

Please email the completed registration packet to [kinderchurch@gmail.com](mailto:kinderchurch@gmail.com). We look forward to seeing you and your child on September 21, 2025.

### **Parent/Guardian Information**

Mother/Guardian's Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_\_ Email Address: \_\_\_\_\_

Father/Guardian's Name: \_\_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_\_ Email Address: \_\_\_\_\_

☐ CHECK IF THE FATHER/GUARDIAN ADDRESS INFORMATION IS THE SAME AS LISTED ABOVE

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### **Emergency Contact Information**

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

Full Name: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_

Relation to child(ren): \_\_\_\_\_

### **KINDERCHURCH COORDINATORS AND OFFICE USE ONLY**

Registration Amount Paid \$ \_\_\_\_\_ Received By: \_\_\_\_\_

Catechist Discount Applied? \_\_\_\_\_ Date Received: \_\_\_\_\_

**FORM OF PAYMENT:** ☐ Cash ☐ Check No. \_\_\_\_\_ ☐ Debit/Credit (made in Parish Office) ☐ Online

# KINDERCHURCH STUDENT INFORMATION

## CHILD 1

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Age Group: ☐ **Preschool** (2-3 years old by 9/1/2025) ☐ **Kindergarten** (attending Kindergarten this year)  
☐ **Pre-Kinder** (4 years old by 9/1/2025)

Is this child potty trained?

☐ Yes

☐ In the process of potty training (check one below):

☐ The Coordinator, Leading Catechist or Classroom Assistant has permission to help my child if assistance is needed while using the restroom.

☐ Please contact me if my child needs to use the restroom.

☐ Not yet potty trained (the Coordinator or Catechist 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.

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## CHILD 2

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Age Group: ☐ **Preschool** (2-3 years old by 9/1/2025) ☐ **Kindergarten** (attending Kindergarten this year)  
☐ **Pre-Kinder** (4 years old by 9/1/2025)

Is this child potty trained?

☐ Yes

☐ In the process of potty training (check one below):

☐ The Coordinator, Leading Catechist or Classroom Assistant has permission to help my child if assistance is needed while using the restroom.

☐ Please contact me if my child needs to use the restroom.

☐ Not yet potty trained (the Coordinator or Catechist 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.

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

### **CHILD 3**

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Age Group: ☐ **Preschool** (2-3 years old by 9/1/2025) ☐ **Kindergarten** (attending Kindergarten this year)  
☐ **Pre-Kinder** (4 years old by 9/1/2025)

Is this child potty trained?

☐ Yes

☐ In the process of potty training (check one below):

☐ The Coordinator, Leading Catechist or Classroom Assistant has permission to help my child if assistance is needed while using the restroom.

☐ Please contact me if my child needs to use the restroom.

☐ Not yet potty trained (the Coordinator or Catechist 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.

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### **CHILD 4**

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Age Group: ☐ **Preschool** (2-3 years old by 9/1/2025) ☐ **Kindergarten** (attending Kindergarten this year)  
☐ **Pre-Kinder** (4 years old by 9/1/2025)

Is this child potty trained?

☐ Yes

☐ In the process of potty training (check one below):

☐ The Coordinator, Leading Catechist or Classroom Assistant has permission to help my child if assistance is needed while using the restroom.

☐ Please contact me if my child needs to use the restroom.

☐ Not yet potty trained (the Coordinator or Catechist 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.

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## 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."**

Parent/Guardian's Full Name: \_\_\_\_\_

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parent/Guardian's Full Name: \_\_\_\_\_

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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## 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(S) OF CHILD(REN):

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**During 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's Full Name:** \_\_\_\_\_

**Parent/Guardian's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**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's Full Name:** \_\_\_\_\_

**Parent/Guardian's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## KINDERCHURCH MINISTRY GUIDELINES

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

- When signing your child into class, you will need to provide your cell phone number on the sign-in sheet, and we ask that you set your cell phone to vibrate mode while in Mass. If 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 Kinderchurch classes begin promptly at 11:00am. Children must be signed into their classroom before Mass begins, but no earlier than 10:45am. Admission after 11am will not be permitted.
- There is usually a staffing ratio of 1 adult per 5 children. We will staff each class accordingly based on the number of registrations. However, if a volunteer calls out sick and we are unable to find a replacement the number of children accepted at check-in will be limited based on staffing (i.e. 2 adults = 10 children, 3 adults = 15 children, etc.).
- During sign-in you will be given a security card as part of the security process. This card must be presented at sign-out. If the person signing out does not have the security card, the child(ren) will not be released.
- 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, has symptoms, has been exposed or lives with someone that is actively sick, please keep them home.

**I HAVE READ AND UNDERSTAND THE MINISTRY GUIDELINES ABOVE:**

**Parent/Guardian's Full Name:** \_\_\_\_\_

**Parent/Guardian's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

# KINDERCHURCH IS A PARENT PARTICIPATION MINISTRY!

We are always in need of catechists (teachers) to assist in leading our program and classes.  
Please sincerely pray and ask the Lord how He would have you support His littlest parishioners.  
Peace be with you!

## VOLUNTEER OPTIONS

Please check ALL options that interest you. Checking a box below does not commit you to volunteering.

☐ **TEACHER**

- Prepare for class (lesson plan will be 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

☐ **TEACHER ASSISTANT**

- Set up classroom
- Supervise children
- Assist teacher in the classroom with preparing lesson materials as needed
- Clean up classroom

☐ **PARENT/YOUTH VOLUNTEER**

- Supervise children
- Assist teacher in the classroom with preparing lesson materials as needed

☐ **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 assist during the event

## LIVESCAN

All volunteers must have DOJ clearance through Good Shepherd Catholic Church if volunteering for more than 1 class.  
Have you completed a LiveScan through Good Shepherd Catholic Church?

☐ YES - under the following name: \_\_\_\_\_

☐ NO - LiveScan needs to be completed