

# Kinderchurch Registration

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

## REGISTRATION COSTS

\$30 per child  
(Fee waived for Kinderchurch catechists)

\*Kinderchurch will begin Sunday, September 25, 2022 and meet every 1st and 3rd Sunday of the month during 11am mass.

\*PRIOR TO ATTENDING FIRST CLASS send an email to Kinderchurch@gmail.com to inform us that your child(ren) will be registering so we may ensure we have enough volunteers assigned to meet our adult to child ratio for the 1st day of class.

## 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/GAURDIAN ADDRESS INFORMATION IS THE SAME AS LISTED ABOVE

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

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

## 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 \$ \_\_\_\_\_

Received by: \_\_\_\_\_

Catechist Discount Applied? \_\_\_\_\_

Date Received: \_\_\_\_\_

#### FORM OF PAYMENT:

☐ Cash

☐ Check No. \_\_\_\_\_

☐ Debit/Credit (Payment made in Parish Office)

# Kinderchurch Student Information

## CHILD 1

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

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

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

Age Group: ☐ **Preschool** (2-3 years old by 9/2/22)  
☐ **Pre-Kinder** (4 years old by 9/2/22)

☐ **Kindergarten** (attending Kindergarten this year)

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 (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.

---

---

## CHILD 2

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

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

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

Age Group: ☐ **Preschool** (2-3 years old by 9/2/22)  
☐ **Pre-Kinder** (4 years old by 9/2/22)

☐ **Kindergarten** (attending Kindergarten this year)

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 (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.

---

---

**\*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: \_\_\_\_\_

Age Group: ☐ **Preschool** (2-3 years old by 9/2/22)

☐ **Kindergarten** (attending Kindergarten this year)

☐ **Pre-Kinder** (4 years old by 9/2/22)

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 (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.

### **CHILD 4**

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

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

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

Age Group: ☐ **Preschool** (2-3 years old by 9/2/22)

☐ **Kindergarten** (attending Kindergarten this year)

☐ **Pre-Kinder** (4 years old by 9/2/22)

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 (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.

**\*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."**

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

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

-----

**I do not choose 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: \_\_\_\_\_

-----

## 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):

---

---

---

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.

- 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 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 class begin promptly at 11:00am. Children must be signed into their classroom before mass begins, but no earlier than 10:40am. Admission after 11am will not be permitted.
- There is 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.
- In alignment with the COVID protocols used for the CFF program, temperature scans will take place at check-in and masks are required. We will also have children sanitize their hands at check-in. This is subject to change as guidelines change.

I HAVE READ AND UNDERSTAND THE MINISTRY GUIDELINES ABOVE:

Parent/Guardian Signature\_\_\_\_\_

Date\_\_\_\_\_

Printed Name\_\_\_\_\_

# 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

*We are always in need of catechists 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 that interest you. Checking a box below does not commit you volunteering.

### ☐ **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

### ☐ **TEACHER ASSISTANT**

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

### ☐ **PARENT VOLUNTEER**

- Supervise children
- Assist teacher and assistant teacher in supervising the children

### ☐ **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. Have you completed a LiveScan through Good Shepherd Catholic Church?

☐ Yes - under the following name \_\_\_\_\_

☐ No - LiveScan needs to be completed.