

RCIA for Children

REGISTRATION FORM

2024 - 2025

CHILD INFORMATION					
<i>RCIA for Children is open to children who are 7 years or older and have not received the Sacrament of Baptism.</i>					
Child Full Name					
Address					
City		State		Zip Code	
Date of Birth		Age by Apr 2025		Place of Birth	
Grade in Fall 2024		School Attending			
PARENT INFORMATION*					
<i>Holy Spirit Church uses Flocknote to communicate with parents. Your email and phone number will be added by the Religious Education Department. Please do not opt out of these communications.</i>					
Mother's Name			Mother's Maiden Name		
Mother's Cell		Mother's Email			
Father's Name					
Father's Cell		Father's Email			
<p>Are you interested in volunteering as a Teacher, or Teacher's Assistant? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p><i>Volunteers must complete the Diocesan mandated Safe Environment course and submit to a Live Scan fingerprint clearance for the Diocese of Fresno (paid for by Holy Spirit). Registration fee will be waived for volunteers in the Religious Ed program.</i></p>					
APPROVED PICK-UP LIST					
<i>I authorize the following adult(s), excluding parents, to drop off/pick-up my child:</i>					
Name/Relationship		Phone #			
Name/Relationship		Phone #			
Name/Relationship		Phone #			

Holy Spirit Church | Religious Education

355 E. Champlain Drive, Fresno, CA 93730 | T: (559) 434-3522 | E: religiouseducation@holyspiritfresno.org
<https://www.holyspiritfresno.org/childrens-religious-education.html>

CLASS INFORMATION & SELECTION

The RCIA for Children Program is a two-year program. The First Year the child will attend Religious Education classes. Religious Ed classes begin in September 2024 and end in April 2025. Second Year is a family catechesis class where the child and parent(s)/caregiver(s) attend class together. This class is held Thursdays from 4:00-5:00pm.

When registering your child, please ensure there are no scheduling conflicts with the day you choose for their Religious Ed class. Classes are held from 4:00p – 5:00p Monday – Thursday. Children may not have more than 3 unexcused absences for the year or they risk needing to repeat the class.

I would like to register my child for First Year Religious Education Classes on the following day (choose one):

MONDAY TUESDAY WEDNESDAY THURSDAY

FORMS, FEES & SIGNATURE

All classes are on a first come, first serve basis and requests are not guaranteed. The following forms & payment are required at the time of registration in order to complete the enrollment process and secure your child's class.

Class fees are as follows:

\$80 per child

Payments can be made by check to "Holy Spirit Church", cash, or online at holyspiritfresno.org.

If you wish to apply for a scholarship for the class fees, please contact us at: 559-434-3522.

Please complete and submit the following to the Religious Ed office:

- RCIA Registration Form
- R22
- R30
- Payment
- Volunteer Form (if applicable)
- Scholarship Request (if applicable)

I have reviewed the calendar and understand my child cannot miss more than 3 classes over the course of the catechism school year, excluding "excused" absences (illness, trip, etc). If my child will be absent, I will call the office before the class begins to notify staff of their absence so they may be marked as excused. I understand that if my child has extended absences, they must make up missed classwork at home and risk needing to repeat the catechism classes.

PARENT SIGNATURE _____ **Date** _____

Diocese of Fresno (DOF) and Entities of the Diocese of Fresno: Code of Conduct Agreement for Participants under the age of 18 and Non Participating Parents or Guardians

NAME OF PARISH OR SCHOOL	Holy Spirit, Fresno	NAME OF GROUP	Religious Education, 2024-2025
NAME OF EVENT	2024-2025 Parish / School <i>(Use Event Form for Individual Activities or Events)</i>		

In order to participate in any youth activities sponsored by DOF, all youth participants, under the age of 18, and a parent or legal guardian must sign that they have read and agree to the following:

PARTICIPANT AGREEMENT (under the age of 18):

I agree to politely obey the requests and directions of the adult leaders.

I agree to stay with my assigned group or buddy at all times.

I agree to participate in the approved activities at all times.

I agree to dress appropriately at all times.

If the event involves an overnight stay, I agree to stay in my assigned room and observe the bedtime and quiet hours schedule until group activities begin the next day unless otherwise directed by an adult leader.

I agree to be on time to activities and will observe all check-in rules.

I agree to treat others with respect and will not engage in behavior that reflects poorly on me or the group which includes, but not limited to: stealing, swearing, fighting, being physically or verbally abusive, being dishonest, damaging property, threatening others, or engaging in disruptive behavior.

I agree not to participate in hazing, teasing, bullying, or similar activities.

I agree not to engage in any illegal activities including, but not limited to: smoking, using drugs, gambling, possession of tobacco, drugs, or any weapons.

As a participant, I will take responsibility for my actions and understand that I will be sent home if I do not comply with this Code of Conduct to the satisfaction of the adult leaders.

PRINT NAME OF PARTICIPANT	SIGNATURE OF PARTICIPANT
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PARENT / GUARDIAN AGREEMENT (requires signature and all contact information)

I have reviewed the Code of Conduct with my child. He or she understands that the Code of Conduct and promises to comply with the demands in order to participate.

If my child does not comply with this Code of Conduct to the satisfaction of the adult leaders, I agree to immediately retrieve my child from the activity or event, at my own expense.

PRINT NAME OF PARENT / GUARDIAN	SIGNATURE OF PARENT / GUARDIAN
HOME PHONE NUMBER	WORK PHONE NUMBER
CELLULAR NUMBER	OTHER MEANS OF CONTACT

Diocese of Fresno (DOF) and all Entities of the Diocese of Fresno: Permission for a Minor to Participate in a DOF Activities, Release of Liability, and Consent for Emergency Medical Treatment

Parent / Guardian: In order for your child to attend and/or participate in DOF sponsored events, activities, or sports during this calendar year, you must give your signed permission by completing this ANNUAL form. In addition to this form, you will also be required to sign permission PR21 Event Forms for you child to participate in specific DOF sponsored events, activities and sports conducted off parish grounds

NAME OF PARISH OR SCHOOL	Holy Spirit Church, Fresno	NAME OF GROUP	Religious Education, 2024-2025
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I, the undersigned parent or legal guardian, voluntarily wish to give permission for and request that my child be allowed to attend and participate in DOF-sponsored events and activities during this calendar year including those conducted off parish grounds. My child is physically fit and capable of participating in DOF events and activities. I have informed my child to cooperate and conform with the rules, guidelines, and instructions given by DOF personnel or agents, or chaperones, or responsible for DOF events and activities. If requested, I will sign a permission and release PR20 Form for each specific event or activity conducted off DOF grounds. I reserve the right to disallow my child to participate in DOF -sponsored events by notifying the leader in writing.

I understand that participation in this activity involves some risk (including any travel to and from this activity) and that unforeseen occurrences can arise. I am informed and agree that transportation, if involved, may be provided by volunteers, parents, private individuals, or approved commercial operators who are believed to be reliable and insured, but are not under the supervision or control of the Diocese of Fresno.

In exchange for permitting my child to participate in this voluntary activity, I waive and give up all claims (and the right to file a lawsuit) which I or my child (and our successors, heirs, and assigns) may have against DOF. I release and discharge the DOF from all liability or responsibility for death, illness, personal injury, or property damage arising out of DOF activity and any transportation involved with the DOF activities.

In the event of an emergency and if the DOF is unable to contact me, I authorize the DOF personal or other adult leadership of a parish-sponsored event or activity, at my expense, to secure and consent to x-ray examination, medical, dental, or surgical diagnosis, treatment, and hospital care advised and supervised by a duly licensed physician, surgeon, or dentist. I expect to be contacted as soon as possible. I agree that if emergency medical or dental services are required for my child, the DOF will not be responsible to pay for any medical or dental expenses. A copy or digital image of this form shall be valid as the original and may be given to the adult leader of parish-sponsored activities.

This permission, waiver, release, and consent applies to the DOF named, including but not limited to the Diocese of Fresno Education Corporation; the Roman Catholic Bishop of Fresno (a corporate sole); the Diocese of Fresno; other Fresno Diocesan Parishes and Schools; affiliated organizations and officers; clergy; agents; and employees.

This waiver and release form is signed in order for my child to participate in the DOF -sponsored events and activities for my child's own personal enjoyment and benefit and is done so freely with the knowledge of the risk and dangers that are or may be involved.

I authorize any hospital which has provided treatment to the named participant pursuant to the provisions of Family code section 6910 to surrender physical custody of such minor to the DOF representative upon the completion of treatment. This authorization is given pursuant to Health and Safety Code section 1283.

I, the undersigned, have read this release and understand all of its terms. I request that my child be allowed to participate in DOF -sponsored events and activities. I execute this form voluntarily and with full knowledge of its significance. I have discussed the above with my child, and my child is aware of and understands the importance of following all rules set out for these events, activities, or sports. A copy or digital image of this form shall be as valid as the original authorization and may be given to the adult leader of the events, activities, or sports.

PRINT NAME OF PARTICIPANT	DATE
PRINT NAME OF PARENT / LEGAL GUARDIAN	SIGNATURE OF PARENT / LEGAL GUARDIAN

Diocese of Fresno (DOF) and all Entities of the Diocese of Fresno : Permission for a Minor to Participate in DOF Activities, Release of Liability, and Consent for Emergency Medical Treatment

The following information is provided for the benefit of the parish in case of an emergency.

PRINT NAME OF PARTICIPANT		DATE OF BIRTH	
PRINT NAME OF PARENT / LEGAL GUARDIAN		PAGER / CELLULAR TELEPHONE NUMBER	
DAYTIME TELEPHONE	<input type="checkbox"/> HOME <input type="checkbox"/> WORK	EVENING TELEPHONE	<input type="checkbox"/> HOME <input type="checkbox"/> WORK
EMERGENCY CONTACT (OTHER THAN PARENT / GUARDIAN)			RELATIONSHIP
EMERGENCY CONTACT DAYTIME TELEPHONE	<input type="checkbox"/> HOME <input type="checkbox"/> WORK	EMERGENCY CONTACT EVENING TELEPHONE	<input type="checkbox"/> HOME <input type="checkbox"/> WORK
ALLERGIES (FOODS, DRUGS, INSECTS, ETC.)			
MEDICATIONS (NAME, DOSAGE, TREATMENT)			
IF ANY MEDICATION IS LISTED: FORMS R18 OR R19 MUST BE COMPLETED AND ATTACHED			
OTHER INFORMATION			

DOCTOR'S / MEDICAL GROUP INFORMATION

FAMILY DOCTOR OR MEDICAL GROUP

DOCTOR'S TELEPHONE

No Family Physician Listed

DENTIST'S NAME OR MEDICAL GROUP

DENTIST'S NAME TELEPHONE

ORTHODONTIST'S NAME OR MEDICAL GROUP

ORTHODONTIST'S NAME TELEPHONE

INSURANCE INFORMATION

INSURANCE COMPANY

POLICY HOLDER'S NAME

INSURANCE GROUP OR ID NUMBER

No insurance Listed

DATE RECEIVED AND BY

EVENT - PHOTOGRAPHY RELEASE AUTHORIZATION

R-30

Release for Diocesan Production for the Diocese of Fresno (DOF) and all Entities for the Diocese of Fresno (DOF)

Parents / Guardians: This form must be completed in order for your child to participate in this event or function. Please respond accordingly to the authorized use of your child's photograph or video image in a DOF produced public-relations document.

NAME OF PARISH OR SCHOOL Holy Spirit Church, Fresno	NAME OF GROUP Religious Education, 2024-2025
NAME OF EVENT	DATE OF EVENT

PARTICIPANT AGREEMENT:

I hereby grant the Diocese of Fresno and its entities (hereinafter called Producer), their nominees, designees, and successors full authorization and the absolute right and permission to sell, assign, convey, reproduce, copyright, use or publish photographic reproductions, portraits, or pictures of me, motion picture or video tape pictures of me, or in which I may be included in whole, in part, or in composite, or in which character or form is distorted, in conjunction with my own or any other picture, product, person, name or reproduction, in color or otherwise, made through any media at its studios or elsewhere, for art, advertising, commerce, business or trade, or any other lawful purpose whatsoever.

I hereby waive any right I may have to inspect or approve the finished product or the advertising copy that may be used in connection therewith, or the use to which it may be applied.

I hereby release, discharge and agree to hold harmless PRODUCER, its nominees, designees, or successors, and assignees or others for whom they are acting from any liability of any nature or description by virtue of any use whatsoever, whether intentional or otherwise, or from any change that may occur or be produced in the taking of said picture or pictures, or any processing tending towards the completion of the finished product, unless it can be shown that said use or change is solely for its purpose of subjecting me to conspicuous ridicule, scandal, reproach, scorn and indignity.

PRINT NAME OF PARTICIPANT	SIGNATURE OF PARTICIPANT
ADDRESS	
TELEPHONE	EMAIL

PARENT / GUARDIAN AUTHORIZATION FOR A MINOR

If the participant is under 18 years of age, the parent or legal guardian of the above participant must provide the following information and must check one of the following and sign.

- As the parent and/or legal guardian of the above named participant, **I do hereby consent and grant my permission** to all of the foregoing.
- As the parent and/or legal guardian of the above named participant, **I do not give my consent** for my child to be photographed, but I understand that it will be the responsibility of the participant to make every effort possible from participating in any posed pictures. If a picture or pictures are inadvertently taken, then I agree to review the photographs or video within the given time frame in order to identify my child to avoid any reproduction or usage of that image and/or images.

PRINT NAME OF PARENT / GUARDIAN	SIGNATURE OF PARENT / GUARDIAN
SIGNATURE OF WITNESS KATE MALLAM	DATE

2024-2025