

Catechetical Ministry

Religious Education Office / St. Joseph's Parish / P.O. Box 7158 - 15 First Street / Spreckels, CA 93962
(831) 455 / 8720 - Fax (831) 455 - 9357
www.stjchurch.org / Email - caragon@stjchurch.org

April 1, 2010

Dear Parents of St. Joseph's Religious Education Students,

It is time once again to register your child/children for the 2010/2011 (next school year) Religious Education classes at St. Joseph's Church. The catechists and I have enjoyed having your children in classes this past year and look forward to seeing them again in the Fall to continue their religious education journey.

If you are registering a child for the first time, please provide a copy of the child's Baptism, First Reconciliation and First Communion certificates (as applicable) with the completed registration packet to the Religious Education office.

You are asked to use the web site, www.stjchurch.org, to complete the registration forms this year. These forms are located under the "Education" tab for you to download, complete, sign and return to Religious Education office. The forms are in a .pdf format and are downloaded through Adobe, which is available without charge. We are working on interactive forms but we are not quite there yet. **Please note both parents are asked to sign some forms as well as the student.**

The registration package includes the registration fees and the following forms, ***which must be signed by the parents / legal guardians and returned to the Religious Education Office no later than June 1, 2010 for each child to attend class; incomplete forms will not be accepted:***

1. Registration Form - 2010 / 2011
Registration Fee - \$20 per student. (Pre-School, Elementary, Middle School; Confirmation I & Confirmation II). ***The "registration fee" will be returned at the end of the school year if your child misses one (1) class meeting during the year. Or you may carry this \$20 fee forward to the next year. If any student misses 2 class meetings, the registration fee will be retained by Religious Education to pay for the book/supplies purchased for your child.***
2. Sacramental Book / Retreat Fees - 2nd Grade (First Reconciliation) - \$25; 3rd Grade (First Eucharist) - \$25
Confirmation I - \$150; Confirmation II - \$150. ***These fees are non-refundable and are due with the registration packet.***
3. Code of Conduct - signed by both Student and Parent - Parents are asked to review this code with all ages of students, including pre-school.
4. Diocesan Permission Waiver and Release and Consent for Treatment Form (also lists the people you authorize to pick up your child from class) 2 pages.
5. Acknowledgement of Pick Up Procedure (Toro Park/Washington Students-Monday and Spreckels-Tuesday only)
6. Personal Safety Training Workshop Permission, and
7. Parental Volunteer Form - if you wish to teach or help in any other way. All volunteers must be fingerprinted and cleared by the Diocese of Monterey before helping in the classroom. Contact the RE office for necessary forms.

You may return the completed packet with the applicable fees to the Religious Education Office, 15 First Street (office hours are Monday - Thursday 9:30 am - 3:30 pm) or mail it to St. Joseph Church, Religious Education, P.O. Box 7158, Spreckels, CA 93962-7158. If you do not have web access, please stop by the RE Office to obtain the necessary forms to register your child/children. ***Class sizes are limited due to space constraints and are filled on a first-come basis. Registration deadline is June 1, 2010. No late registrations will be accepted.***

Due to family time constraints, many teachers and the RE staff communicate via email. Please provide your family email address on your registration form to ensure you receive all the information for your child/children. ***We provide your email address only to the class teachers of your child/children.***

The Health Schools Act of 2000 was signed into law in September 2000 and requires that all schools provide parents or guardians of students with annual written notification of expected pesticide use on school sites. However, our goal and the goal of the pest management professionals at Clark Pest Control is to utilize materials that are considered exempt by EPA as pesticides. Of course, if a situation should arise that these exempted materials are not enough to control a specific infestation then use of registered pesticides may be necessary. The notification will identify the active ingredient or ingredients in each pesticide product and will include the internet address (www.cdpr.ca.gov) for further information on pesticides and their alternatives. *The current schedule for the pest spraying outside is the second (2nd) Thursday of each month on the exterior only of the Church facilities and the Religious Education building.*

Parents or guardians may request prior notification of individual pesticide applications at the Religious Education building. If you have questions or would like to be notified when application of the pesticide is applied, please call the St. Joseph's Religious Education Office at 831-455-8720.

If you know of a family that has recently moved into the area, please provide them with the web site address, www.stjchurch.org, or the RE phone number, 831-455-8720, so they may register in the parish as well as for religious education classes.

Watch the weekly Parish Bulletin or the web site for the class schedule. A Religious Education calendar will be posted on the web site as soon as the school calendars are available and coordinated with our church calendar.

May your family have a wonderful Spring and Summer, and we look forward to seeing you and teaching your child/children in their Catholic faith in the Fall.

Blessings,

Carrie Aragon,
Director of Religious Education

Schedule of Registration Fees 2010 / 2011

All fees are due when the registration packet is returned (Deadline is June 1, 2010) to Religious Ed and before your child is enrolled in a class.

Pre-school / Kindergarten	\$20	First Grade	\$20
Second Grade	\$45 - \$20 Registration + \$25 for Sacrament Book and First Reconciliation Retreat \$25 is non-refundable		
Third Grade	\$45 - \$20 Registration + \$25 for Sacrament Book and First Eucharist Retreat \$25 is non-refundable		
Fourth Grade	\$20	Fifth Grade	\$20
Middle School Youth Group (6, 7 & 8)	\$20	High School Youth Group	\$20
Confirmation I	\$170 - \$20 Registration + \$150 for Retreat (non-refundable)		
Confirmation II	\$170 - \$20 Registration + \$150 for Retreat (non-refundable)		

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REGISTRATION INFORMATION (2010-2011): Please note that a new registration form must be completed each year for each child. Please complete all of the applicable forms and return them to the Religious Education Office before June 1, 2010, to ensure you receive the class time and location you prefer.

Date Received: _____

CHILD'S INFORMATION

Child's Name: Last _____ First _____

Date Of Birth ____/____/____ Male _____ Female _____ Grade _____ (2010- 2011)

Church where was the child baptized? _____

City _____ State _____ Date of Baptism _____

Has your child receive the Sacraments of : Reconciliation: Yes [] No [] Eucharist: Yes [] No []

School attending: _____ Class Preference: Sunday [] Monday [] Tuesday []
Spreckels Toro/Washington Spreckels

I give permission to use my child's picture in the Diocese and Parish web sites, in videos, brochures, newspaper articles and other publications: Yes [] No [] _____ (Parent Initials)

PARENT / LEGAL GUARDIAN'S INFORMATION (with whom the child lives)

Father _____ Religion _____

Occupation: _____ Place of work: _____

Work Phone () _____ Cell Phone () _____

Mother _____ Maiden Name _____ Religion _____

Occupation: _____ Place of work: _____

Work Phone () _____ Cell Phone () _____

Home Street Address: _____ Home Phone () _____

City: _____ Zip: _____ E-Mail _____

Mailing Address / P.O. Box (if different from Home Address): _____

City: _____ State: _____ Zip: _____

Registered parishioner of St. Joseph's Church: Yes [] No [] If no, please complete and return Parish Registration Form.

I understand that the second Thursday of each month the church and RE facilities will be sprayed on the exterior for pests.

EMERGENCY CONTACTS in case parents/legal guardians are not available:

Name: _____ Phone: () _____ Relationship: _____

Name: _____ Phone: () _____ Relationship: _____

Name: _____ Phone: () _____ Relationship: _____

Registration Fee: \$ _____ Date Paid: _____ Receipt No.: _____

IF THE CHILD IS NOT LIVING WITH BOTH HIS / HER BIRTH PARENTS, PLEASE COMPLETE:

Name of Birth Mother: _____ Name of Birth Father: _____

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RELIGIOUS EDUCATION CODE OF CONDUCT

In order to participate in Religious Education classes and activities sponsored by St. Joseph Parish of Spreckels, CA and/or the Diocese of Monterey, participants and the Parents/Guardians agree as follows:

Participants Agree:

1. I will politely obey the requests and directions of the adult leaders.
2. I will stay with my assigned group or buddy at all times.
3. I will participate in the approved activity at all times.
4. I will dress appropriate at all times.
5. I will be on time to activities and will observe all check-in rules.
6. I will treat adult leaders, other participants and community members with respect and will not engage in behavior that reflects poorly on the group or me such as: stealing, swearing, fighting, being physically or verbally abusive, being dishonest, damaging property, threatening others, or engaging in disruptive behavior.
8. I will not participate in teasing, or other similar activities.
9. I will not engage in any illegal activities, including:
 - Smoking or possessing tobacco in any form
 - Possessing or using drugs (NOTE – Prescription drug use must be disclosed to the adult leaders at event commencement)
 - Gambling
 - Possessing any weapon

I will take responsibility for my actions and understand that I will be removed from class/event and may be sent home if I do not comply with the Code of Conduct to the satisfaction of adult leaders.

Student Signature

Student Printed Name

Date

Parents/Guardians Agree:

1. I have reviewed the above "Code of Conduct – Participant Agrees" with my child. He/she fully understands the Code of Conduct and promises to comply with it.
2. If negative behavior continues, your child will not be allowed to continue in the religious education class activities.
3. I will immediately, at my own cost, retrieve my child from this activity if he/she does not comply with this Code of Conduct to the satisfaction of the adult leaders.
4. I will pick up my child/children on time from each class/event.
5. During the class time, I can be reached at the following telephone numbers:

Home: _____

Cell: _____

Work: _____

Other: _____

Parent / Guardian Signature

Parent/Guardian Printed Name

Date

DIOCESE OF MONTEREY
PERMISSION WAIVER AND RELEASE & CONSENT FOR TREATMENT FORM
FOR PARISH/SCHOOL ACTIVITY/EVENT
 (Complete one form for each child)

To the Parent/Legal Guardian: This is an agreement releasing the sponsoring parish/school before, during and after the activity/event. This form is also authorization for the adult supervisor to consent to any medical care needed by the minor, if the situation should arise.

This agreement releases the ROMAN CATHOLIC BISHOP OF MONTEREY, CALIFORNIA, A CORPORATION SOLE, also known as the DIOCESE OF MONTEREY which will be referred to as the DIOCESE OF MONTEREY throughout this document, from any claims that the parent/guardian may have against the DIOCESE OF MONTEREY.

Activity/Event:	Religious Education Classes at St Joseph's Spreckels Religious Education Center, Toro Park School / Washington Middle School	
Starting Date:	October 2010 (Exact date to be determined)	thru May 2011 (Exact date to be determined)
Mode of Transportation:	Sunday - Parents are responsible for transportation to/from classes; Monday & Tuesday – See Authorization for Pick-up	

I, _____ (name of parent or legal guardian) parent or legal guardian of

_____ (name of child) hereby give my permission for my child to participate in the religious education classes named above. I agree to direct my child to cooperate and conform with directions, instructions and rules established by the chaperones, parish, school or diocesan personnel responsible for the above mentioned youth activity.

In exchange for permitting my child to participate in the above named activity, to the extent permitted by law, I waive all claims for damages which I may have, or which may hereafter accrue to me or my child against the DIOCESE OF MONTEREY, for death, personal injuries, and losses or injuries to property, real or personal, caused by or arising out of the above named activity/event. It is further understood and agreed that this agreement, waiver and release is to be binding on my successors, heirs and assigns.

In addition, to the extent permitted by law, I release and discharge in advance the DIOCESE OF MONTEREY and its officers, agents, employees, from any and all liability relating to the above named activity.

I agree and understand that transportation may be provided in such form and at the discretion of the DIOCESE OF MONTEREY.

My child is/are physically fit and capable of participation in this event.

I authorize a representative of the DIOCESE OF MONTEREY into whose care the above named minor/s has been entrusted, to consent to and permit any and all necessary medical services for my child to be rendered to him/her under the general or special supervision and upon the advice of a physician and surgeon licensed under the provisions of the California Medical Practice Act, to consent to and permit any x-ray examination, anesthetic, dental or surgical diagnosis or treatment and hospital care rendered to my child by a dentist licensed under the provisions of the Dental Practice Act. I hereby give the representative of THE DIOCESE OF MONTEREY permission to use his/her judgment in obtaining medical services. I agree if medical services are required for my , THE DIOCESE OF MONTEREY will not be responsible for any medical expenses.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide authority and power on the part of the above-mentioned diocesan representative to give specific consent to any and all such diagnosis, treatment or hospital care that the above mentioned physician in the exercise of his/her best judgment may deem advisable.

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

This authorization shall be in effect during all time that my child is/are under the supervision of THE DIOCESE OF MONTEREY for the above mentioned event and shall remain effective until the minor/s returns from the event and is/are no longer under the supervision of the DIOCESE OF MONTEREY.

This waiver and release form is signed in order to participate in the above named event for my child's own personal enjoyment and benefit and is done freely with full knowledge of the risk and dangers that are or may be involved. I, the undersigned, have read this release and understand all of its terms. I execute this voluntarily and with full knowledge of its significance.

I have discussed the above with my child and he/she is aware of and understands the importance of following all rules set out by the supervisor(s).

Signature of Parent/Guardian: _____ Date: _____

Child's Name: _____

Date of Birth: _____ Male [] Female []

Allergies (foods, drugs, insects, etc) _____

Medications (Name, dosage, reason) _____

Other information (injuries) or special health/physical conditions: _____

Child's Doctor: _____ Phone Number: _____

Child's Dentist: _____ Phone Number: _____

Insurance Information:

Insurance Carried (Dependent Coverage): _____

Name of Policy Holder: _____ Policy Number: _____

Person(s) Authorized to Pick-Up Child:

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Person(s) to Notify in Case of an Emergency:

Name: _____

Day Phone Number(s) _____ Cell Phone: _____

Name: _____

Day Phone Number(s) _____ Cell Phone: _____

Name: _____

Day Phone Number(s) _____ Cell Phone: _____

Diocese of Monterey

Pastoral Office - 631 Abrego St. - PO Box 2048 - Monterey CA 93942-2048
Sr. Patricia Murtagh - Director Protection of Children & Young People 831-373-4345

PARISH: St. Joseph's Church - Spreckels CA
Religious Education Office - 15 First Street
PO Box 7158, Spreckels CA 93962-7158
Phone: 831-455-8720/ Fax: 8312-455-9357

Dear Parents,

Because your child's safety is important to us, our Parish will conduct a series of Personal Safety Workshops. These workshops will include an age-appropriate discussion of child abuse prevention. These will be conducted in our Parish by the Prevention Education Staff during Class Time. If you have any questions concerning the program, please contact Mrs. Carrie Aragon, Director of Religious Education at 831-455-8720.

_____ YES, I want my son/daughter _____
Child's Name
to participate in the Personal Safety Workshop.

_____ NO, I do not want my son/daughter _____
Child's name
to participate in the Personal Safety Workshop.

Signature of Parent / Legal Guardian Date

Please sign and return to the Religious Education Office with your Registration packet.

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Form to be completed by Parent or Legal Guardian of Tuesday Spreckels Student(s) Only

Acknowledgement of Pick Up Procedure By St. Joseph's Religious Education Program, Spreckels From the Spreckels Public Elementary School, Spreckels, CA 93962

I understand that a representative from St. Joseph's Catholic Church, Religious Education Office, located at 15 First Street Avenue, Spreckels Elementary School **on Tuesdays, after school, that is, whenever the Religious Education classes are in session, at 2:25 PM** in order to escort the students, by foot, to the Religious Education Center located at 15 First Street, Spreckels, CA.

I understand that having my child accompanied to the Religious Education Center or to the church property by the Religious Education representative is voluntary and expressly requested by me. I give my permission for my child/children **to walk from the Spreckels Elementary School to the St. Joseph's Religious Education Center with the Religious Education representatives** for the purpose of attending religious education class at St. Joseph's Church, Spreckels. I agree to direct my child to cooperate and conform with the directions, instructions and rules established by the Parish Religious Education representatives.

I understand that students will be accompanied to the Church's Religious Education Center promptly **on Tuesdays, after school, at 2:25 PM**. The Parish is not responsible for any child who does not assemble, for whatever reason, on time with the group to be accompanied to the Parish's Religious Education representative. I also understand that in the event that my child/children does/do not meet the Parish representative at the above mentioned time, that it is my responsibility to accompany my child to the St. Joseph's Religious Education Center on 15 First Street, Spreckels for religious education.

	<i>Child/Children's Full Name</i>	<i>Grade</i>
1.	_____	_____
2.	_____	_____
3.	_____	_____

Signature of Parent / Legal Guardian

Phone Number

Date

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Form to be completed by Parent or Authorized Legal Guardian of Toro Park Student(s) Only

Acknowledgement of Pick-up Procedure By St. Joseph's Religious Education Program Teachers of Spreckels For the Toro Park Elementary Schools, Salinas CA 93908

I understand that a representative from St. Joseph's Catholic Church, Religious Education office, will meet the Religious Education students from the Toro Park Elementary School **on Mondays, after school, that is, whenever the Religious Education classes are in session, at 2:15 PM in the designated class rooms on school property.**

I understand that having my child attend the Religious Education classes on the school property with the Religious Education representative is voluntary and expressly requested by me. I give my permission for my child/children **to participate in religious education class at the respective school campus.** I agree to direct my child to cooperate and conform with the directions, instructions and rules established by the Parish Religious Education representatives.

I understand that students will be met by the Church's Religious Education representative promptly **on Mondays, after school, at 2:15 PM.** The Parish is not responsible for any child who does not assemble, for whatever reason, on time with the class. I also understand that in the event that my child/children does/do not meet the Parish representative at the above mentioned time, that it is my responsibility to accompany my child to the designated classroom for religious education on the school campus..

Child/Children's Full Name

Grade

1. _____
2. _____
3. _____

Signature of Parent / Legal Guardian

Phone Number

Date

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Form to be completed by Parent or Authorized Legal Guardian of Washington Union Student(s) Only

Acknowledgement of Pick-up Procedure By St. Joseph's Religious Education Program Teachers of Spreckels For the Washington Union Public Schools, Salinas CA 93908

I understand that a representative from St. Joseph's Catholic Church, Religious Education office, will meet the Religious Education students from the Washington Union Middle School **on Mondays, after school, that is, whenever the Religious Education classes are in session, at 2:45 PM** in the designated class rooms on school property.

I understand that having my child attend the Religious Education classes on the school property with the Religious Education representative is voluntary and expressly requested by me. I give my permission for my child/children **to participate in religious education class at the respective school campus**. I agree to direct my child to cooperate and conform with the directions, instructions and rules established by the Parish Religious Education representatives.

I understand that students will be met by the Church's Religious Education representative promptly **on Mondays, after school, at 2:45 PM**. The Parish is not responsible for any child who does not assemble, for whatever reason, on time with the class. I also understand that in the event that my child/children does/do not meet the Parish representative at the above mentioned time, that it is my responsibility to accompany my child to the designated classroom for religious education on the school campus.

	<i>Child/Children's Full Name</i>	<i>Grade</i>
1.	_____	_____
2.	_____	_____
3.	_____	_____

Signature of Parent / Legal Guardian *Phone Number* *Date*

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NOTICE TO PARENTS / CATERCHISTS

*St. Joseph Parish Religious Education 2010-2011
April 2010*

Religious Education classes at Spreckels, Toro and Washington schools will be held rain or shine; unless the schools cancel their activities in case of emergency. Children must be properly registered in order to attend classes.

Parents/ Legal Guardians are responsible to:

- Sign-in and sign-out their children before and after classes.
- Pick up their children immediately after classes - 10:45 a.m. on Sundays; (your promptness allows catechists to attend the 11:00 a.m. Liturgy). 3:30 PM on Mondays and Tuesdays for elementary and
- 4:00 PM for Washington Union
- Make sure their children are appropriately dressed for the weather.
- Written permission of persons authorized (duly signed and dated by the parents) must be on file in the Religious Education office **BEFORE** children are allowed to walk to St. Joseph's Religious Education center, located at 15 First Street, Spreckels CA 93962, or transported by car to or from school, or from the Religious Education Center of St. Joseph's Spreckels, to the children's parents' residence. This is part of the Diocesan Permission Waiver and Release & Treatment Form.

Liturgy of the Word is the Gospel message explained at the children's level on Sundays during the 11:00 a.m. Liturgy and is held only when other elementary classes are in session that day (see calendar).

Pre-K and Kindergarten classes are offered to families during the 9:00 a.m. Liturgy for any child who is three years old and potty-trained. Contact Pre-School Coordinator, Michelle Beach, at 831-422-4442

Only adults FINGERPRINTED AND CLEARED by the Diocese of Monterey may accompany the children to their class rooms or be present in the class rooms.

All those who act as drivers (Must be over 25 years of age) to transport any of our students. The name, address and telephone number of the driver, a copy of his/her driver's license and car insurance must be submitted to the Religious Education office BEFORE being able to act as drivers. Please note that a teenager cannot drive other children to and from the church premises.

For questions or more information, please call the Religious Education office at (831) 455-8720.

St. Joseph Catholic Church

P.O. Box 7158 - 1 Railroad Avenue, Spreckels, CA 93962
Phone (831) 455 / 8720 - Fax (831) 455 - 9357 - www.stjchurch.org

Parishioner Registration Form

Date: _____

Last Name _____ First Name _____ Birth Date _____

Spouse's Name _____ First Name _____ Birth Date _____

Maiden Name _____ Occupation (His) _____ (Hers) _____

Religion (His) _____ Sacraments Received _____

Religion (Hers) _____ Sacraments Received _____

Please check one of the following:

_____ Mr. _____ Miss _____ Ms. _____ Mr. & Mrs. _____ Dr. _____ Dr. & Mrs. _____ Other

Home Address _____

City / State / Zip _____ Email _____

Mail Address (If different) _____

Home Phone _____ Business Phone _____ Cell Phone _____

Spouse's Business Phone _____ Spouse's Cell Phone _____

Spouse's Email Address _____

Other Adults Living in Household (Parents, Grandparents, Aunts, Uncles, etc.)

Last Name _____ First Name _____ Relationship _____

Last Name _____ First Name _____ Relationship _____

List any Children (birth through high school) in the Household

Last Name	First Name	Date of Birth	School/Grade
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1. _____

2. _____

3. _____

4. _____

5. _____

Is there a homebound person who would like to receive Communion? _____ Yes _____ No

Would you like to receive Sunday envelopes? _____ Yes _____ No

Would you like to volunteer _____ Lector _____ Eucharistic Minister _____ Usher _____ Alter Server _____ Other