

# Catechetical Ministry

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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](http://www.stjchurch.org)

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

With the end of classes in sight, it is time once again to register your children for the 2008/2009 Religious Education classes at St. Joseph's Church. We and the catechists 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.

Attached are the required registration forms for completion to register your children for classes for the 2008/2009 school year. This package includes the following forms, which must be ***signed by the parent / legal guardian and returned to the Religious Education Office no later than June 30, 2008:***

Registration Form  
Diocesan Permission Waiver and Release and Consent for Treatment Form  
Parental Volunteer Form  
Acknowledgement of Pick Up Procedure (**Spreckels Students only**)  
Permission Slip and Medical Emergency Notification Form

***Each child needs to have a separate Registration Form and the Diocesan Permission Waiver/Release and Consent for Treatment Form on file.***

These forms are now available at [www.stjchurch.org](http://www.stjchurch.org) under the Catechetical Ministry tab for you to download and complete. You may bring the completed packet to the Religious Education Center or mail them to St. Joseph Church, Religious Education, P.O. Box 7158, Spreckels, CA 93962-7158

If you are registering a child for the first time, please provide a copy of the child's sacramental certificates (baptism and first communion, as applicable) are required with the registration.

If you know of a family that has recently moved into the area, please provide them with this information as well. A parish registration form is also available on the web site within the Catechetical Ministry tab, if you are not currently a registered parishioner.

May your family have a wonderful summer, and we look forward to seeing you and your children in the fall. If you would like to teach, please let us know which grade and the location, as well as any gifts you have to share with the children.

Blessings,

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Sr. Liliana Bonello, I.M., J.C.L.  
Grades 1 – 5

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Patti Coonce  
Grades 6 – Confirmation

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**REGISTRATION INFORMATION (2008-2009):** Please note that a new registration form must be completed each year for each child. Please complete all FOUR forms (*Registration Form, Permission Waiver and Release & Consent for Treatment Form, Volunteer Form, and Pick-Up Acknowledgement,*) and return them to the Religious Education Office before June 30, 2008.

## **CHILD'S INFORMATION**

Child's Name: Last \_\_\_\_\_ First \_\_\_\_\_

Date Of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade \_\_\_\_\_ (2008-2009)

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

## **LEGAL PARENT / 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: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ E-Mail \_\_\_\_\_

Are you a registered parishioner of St. Joseph's Church: Yes [ ] No [ ] If no, please complete the Parish Registration Form ([\*click here to complete\*](#)).

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

Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_ Relationship: \_\_\_\_\_

## **IF THE CHILD IS NOT LIVING WITH BOTH HIS / HER BIRTH PARENTS, PLEASE ENTER THE FOLLOWING:**

Name of Birth Mother: \_\_\_\_\_ Name of Birth Father: \_\_\_\_\_

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*Let us not grow tired of doing good, for in due time we shall reap our harvest, if we do not give up. So then, while we have the opportunity, let us do good to all, but especially to those who belong to the family of faith. Galatians 6:9-10*

## RELIGIOUS EDUCATION VOLUNTEER OPPORTUNITIES

Parents' Name \_\_\_\_\_ Phone \_\_\_\_\_

Children Names / Grades \_\_\_\_\_

Each of the following areas can be tailored to fit your schedule and talents, even just a few hours of your time during the year will be helpful. Your support and assistance is essential to the overall success of our Religious Education program and the achievement of the children. Please complete and return – Many Thanks!

-- THINK STEWARDSHIP --

\_\_\_\_\_ **Religious Ed Newsletter** - help with gathering information and/or word processing

\_\_\_\_\_ **Catechist / Aide** - grade(s) \_\_\_\_\_

\_\_\_\_\_ **Substitute Catechist** - all levels occasionally need a substitute teacher - grade(s) \_\_\_\_\_

\_\_\_\_\_ **Children's Liturgy of the Word** - short sessions during the 11:00 A.M. Sunday Mass to explain the gospel at the children's level of understanding

\_\_\_\_\_ **Refreshments/hospitality** - contribute refreshments occasionally for class/retreats, etc.

\_\_\_\_\_ **Parish Projects** - Advent Project, Lent Project, Easter Project, etc.

\_\_\_\_\_ **Music** - instrument or singing

\_\_\_\_\_ **Special Liturgies** - help organize various special liturgical celebrations throughout the year (Christmas Children's Pageant, Feast of St. Francis Blessing of the Animals, etc.)

\_\_\_\_\_ **Other** - hobbies, talents, experiences, guest speakers, etc. that might be beneficial and helpful to our students: \_\_\_\_\_

**Please note that all adults who are assisting or present with children in the religious education program must be finger printed. Forms are available in the religious education office.**

**For more information, please call 455-8720.**

**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 or Toro Park / San Benancio and Washington Middle Schools
Starting Date:	October 2008 (Exact date to be determined)
Mode of Transportation:	N/A Parents are responsible for transportation to/from classes

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 understand 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: \_\_\_\_\_

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

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

I understand that a representative from St. Joseph's Catholic Church, Religious Education Center, located at 15 First Street Avenue, Spreckels, CA 93962 (831-455-8720) , will meet the Religious Education Students from the Spreckels Public Grammar 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 children/child **to walk from the Spreckels Grammar School to 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 church's religious education center 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.

*Child/Children's Full Name*

*Grade*

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

\_\_\_\_\_  
*Signature of Parent / Legal Guardian*

\_\_\_\_\_  
*Phone Number*

\_\_\_\_\_  
*Date*

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## PERMISSION SLIP AND MEDICAL EMERGENCY AUTHORIZATION FOR THE SCHOOL YEAR 2008-2009

We, the undersigned, as parents and/or legal guardians of \_\_\_\_\_ Grade \_\_\_\_\_  
full name 2008-2009

hereby authorize our above named minor child/ward **to attend Religious Education classes at** \_\_\_\_\_  
sponsored by St. Joseph's Catholic Church, Spreckels, during the academic year 2008-2009.

It is my/our understanding that the above function will be supervised by responsible adults acting on behalf of the Diocesan Group named above. I/we will be advised of the leadership, and other circumstances pertaining to the function.

California Civil Code 25.8 expressly provides that a parent may authorize an adult into whose custody a child is entrusted to consent to necessary dental and medical treatment, to wit:

Either parent if both parents have legal custody, or the parent or person having legal custody or the legal guardian of a minor may authorize in writing any adult person whose care the minor has been entrusted to send to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care to be rendered to the minor under the general or special supervision and upon the advice of physician and surgeon licensed under the provisions of the Medical Practice Act or to consent to an x-ray examination, anesthetic, dental or surgical diagnosis or treatment and hospital care to be rendered to the minor by a dentist licensed under the provisions of the Dental Practice Act.

Accordingly, I/we hereby authorize (Group Leader): \_\_\_\_\_ Tel. \_\_\_\_\_  
to procure medical, hospital, or dental care for my minor child/ward, in the event of injury, or illness while said child is in the care of the above named adult. It is understood that an exhaustive effort will be made to contact the parent(s) or guardian(s) of my child/ward before treatment is given.

I/we understand and agree, that I/we am/are financially responsible for any care so procured and we do not hold the parish of St. Joseph's Church, 1 Railroad Avenue, Spreckels, California, liable in case of injury.

\_\_\_\_\_  
Father/Legal Guardian

\_\_\_\_\_  
Mother/Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

*The following medical conditions apply to the above-named student:*

1. Epilepsy\_\_\_ 2. Diabetes\_\_\_ 3. Allergies (specify)\_\_\_\_\_ 4. Other\_\_\_\_\_

Child's Doctor\_\_\_\_\_

Phone # \_\_\_\_\_

Child's Dentist\_\_\_\_\_

Phone # \_\_\_\_\_

Name of medical insurance carrier\_\_\_\_\_

Policy or group # \_\_\_\_\_

Parent/Legal guardian's home phone # \_\_\_\_\_

Father's work # \_\_\_\_\_

Mother's work # \_\_\_\_\_

Other emergency contact(s)\_\_\_\_\_

Relationship\_\_\_\_\_

Tel. # \_\_\_\_\_

# 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 \_\_\_\_\_

Mail Address (If different) \_\_\_\_\_

Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Spouse's Business Phone \_\_\_\_\_ Spouse's Cell Phone \_\_\_\_\_

Email Address \_\_\_\_\_ Spouse's Email \_\_\_\_\_

### 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

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*www.stjchurch.org*

## SCHEDULE FOR RELIGIOUS EDUCATION CLASSES AND YOUTH GROUP FOR 2007 - 2008

<b>SUNDAYS</b>	<b>1<sup>st</sup> thru 5<sup>th</sup> Grades:</b>	<b>10:00 – 10:45 am at Spreckels</b>
	<b>Liturgy of the Word:</b>	<b>11:00 am</b>
	<b>Confirmation I:</b>	<b>3:00 – 4:45 pm followed by 5:00 p.m. Liturgy and Dinner at 6:00 pm</b>
	<b>Confirmation II:</b>	<b>5:00 pm Liturgy, Dinner and Class at 6:00 – 8:00 pm</b>
<b>MONDAYS</b>	<b>1<sup>st</sup> thru 5<sup>th</sup> Grades:</b>	<b>After School at Toro Park/San Benancio/Washington Union Schools</b>
<b>TUESDAYS</b>	<b>1<sup>st</sup> thru 3<sup>rd</sup> Grades:</b>	<b>After School at Spreckels (Includes Monterey &amp; Mission Park Students)</b>
<b>THURSDAYS</b>	<b>Jr. Hi &amp; Youth Group:</b>	<b>See schedule - Contact Christina Brigantino 455-8414</b>

	Sundays At Spreckels	Mondays At Toro / Wash. Union / San Benancio	Tuesdays At Spreckels								
<b>September 2007</b>	<b>Confirmation I &amp; II</b>										
	<b>23 Orientation Meeting at 6:00 pm for Parents of both 1<sup>st</sup> and 2<sup>nd</sup> Yr Confirmation</b>										
<b>October</b>											
Elementary	7	14	21	28	8	15	29	9	16	23	30
Jr Hi & YG		11		25							
Conf I & II		14	21	CB							
<b>November</b>											
Elementary	4		18		5	19	26	6			27
Jr Hi & YG	8			29							
Conf I & II	4		18	CB							
<b>December</b>											
Elementary	2	9	<b>Christmas Break</b>		3	10	17	4	11		
Jr Hi & YG		13		27							
Conf I & II		9	16	CB							
	<i>Rite of Commitment for 2<sup>nd</sup> Year – 12/9/07 - 5:00 pm Liturgy</i>										
<b>January 2008</b>											
Elementary	6	13		27		14	28	8	15	22	29
Jr Hi & YG		10		24							
Conf I & II	6		20	CB							
	<i>Rite of Confirmation – 1/27/08 – 2:00 pm</i>										
<b>February</b>											
Elementary	3	10		24	4	11	25	5	12	19	26
Jr Hi & YG		7	21								
Conf I & II	3		17	CB							
<b>March</b>	<i>First Reconciliation Parents Meeting 3/1/08 – 10:00 – 11:00 am in Hall</i>										
	<i>First Reconciliation Retreat 3/8/08 - 10:00 am – 2:00 pm I Hall</i>										
	<i>First Reconciliation 3/13/08 – 5:15 pm in Church</i>										
Elementary	2	9	30		3	10	31	4	11		25
Jr Hi & YG	6		<b>Easter Break</b>								
Conf I	2	CB									
	<i>First Eucharist Parents Meeting 3/29/08 10:00 – 11:00 am in Hall</i>										
<b>April</b>	<i>First Eucharist Retreat 4/5/09 9:00 am – 12:00 pm in Hall</i>										
	<i>Confirmation I Retreat 4/13/08 – Time TBD</i>										
	<i>Confirmation I Rite of Enrollment 4/13/08 – 5:00 pm Liturgy</i>										
Elementary	6	13	20	27	7	14	21	8	15		22
Jr Hi & YG	3		17								
Conf I		13	27	CB							
	<b>Last Day of Classes Sunday 4/27/08 - Mondays 4/21/08 - Tuesdays 4/22/08</b>										
<b>May</b>	<i>First Eucharist 5/4/08 – 2:30 pm in Church</i>										

**Please Note:** Liturgy of the Word starts on October 7, 2007 during the 11:00 am Liturgy

**Mark your Calendars:** March 13, 5:30 pm – First Reconciliation in Church  
May 4, 2008 2:30 pm – First Eucharist in Church

**Abbreviations:** YG = Youth Group; CB = Confirmation Community Building; Jr Hi = Junior High; Conf = Confirmation