

Corpus Christi Parish

RE^{IGIOUS} EDUCATION

Registration Checklist 2017-18

- Completed Registration Form**
(required each year)

- Copy of Baptismal Certificate**
(for new students)

- Annual Registration Fee** (check payable to Corpus Christi Parish)
_____ \$150 one child
_____ \$220 two children
_____ \$50 First Communion Fee
(per child receiving First Communion this year)

- Signed Parent VIRTUS “Teaching Touching Safety”
permission slip**
(Children will participate in the Archdiocesan Safeguard the Children “Teaching Touching Safety” class to help prevent child sexual abuse. Parents will receive prior notice of dates of classes.)

- Parish Registration form**
(if not already a registered parishioner)
Submit or print online: <http://www.corpuschristichurch.com/>

Thank you!

Jane Young

Director of Religious Education
Corpus Christi Parish
880 Toyopa Drive
Pacific Palisades, CA 90272
(310) 454-1328 ext. 226
janey@corpuschristichurch.com

Corpus Christi Parish

RELIGIOUS EDUCATION REGISTRATION - GRADES 1-8

For Office Use Only
 VIRTUS _____ Baptism _____
 Check Amount \$ _____

CLASSES MEET AT SCHOOL ON MONDAYS (SEPTEMBER 18, 2017 - MAY 21, 2018) FROM 3:45-5:00 P.M.

#1 CHILD'S NAME

Last	First	Middle	Check one: New Student _____
			Returning Student _____
Gender	Grade (in 2017-18)	Present School Attending	Date of Birth (mm-dd-yyyy)
<input type="checkbox"/> Male	<input type="checkbox"/> 1st <input type="checkbox"/> 2nd	<input type="checkbox"/> 3rd <input type="checkbox"/> 4th	
<input type="checkbox"/> Female	<input type="checkbox"/> 5th <input type="checkbox"/> 6th	<input type="checkbox"/> 7th <input type="checkbox"/> 8th	

Sacrament & Religious Education Information (Attach copy of Baptismal Certificate - new students only.)

Date of Baptism	Church of Baptism	City/ State
Roman Catholic? <input type="checkbox"/> Yes <input type="checkbox"/> No	Received Sacrament of Reconciliation? <input type="checkbox"/> Yes <input type="checkbox"/> No	Received First Holy Communion? <input type="checkbox"/> Yes <input type="checkbox"/> No
Date of First Holy Communion	Church of First Holy Communion	City/State

#2 CHILD'S NAME

Last	First	Middle	Check one: New Student _____
			Returning Student _____
Gender	Grade (in 2017-18)	Present School Attending	Date of Birth (mm-dd-yyyy)
<input type="checkbox"/> Male	<input type="checkbox"/> 1st <input type="checkbox"/> 2nd	<input type="checkbox"/> 3rd <input type="checkbox"/> 4th	
<input type="checkbox"/> Female	<input type="checkbox"/> 5th <input type="checkbox"/> 6th	<input type="checkbox"/> 7th <input type="checkbox"/> 8th	

Sacrament & Religious Education Information (Attach copy of Baptismal Certificate - new students only.)

Date of Baptism	Church of Baptism	City/ State
Roman Catholic? <input type="checkbox"/> Yes <input type="checkbox"/> No	Received Sacrament of Reconciliation? <input type="checkbox"/> Yes <input type="checkbox"/> No	Received First Holy Communion? <input type="checkbox"/> Yes <input type="checkbox"/> No
Date of First Holy Communion	Church of First Holy Communion	City/State

Mother

First Name	Last Name	Religion
Street Address		City
		State
		ZIP Code
Cell Phone ()	Work Phone ()	Email Address
		Registered at Corpus Christi Parish? <input type="checkbox"/> Yes <input type="checkbox"/> No
		If other parish, name of home parish:

Father

First Name	Last Name	Religion
Street Address		City
		State
		ZIP Code
Cell Phone ()	Work Phone ()	Email Address
		Registered at Corpus Christi Parish? <input type="checkbox"/> Yes <input type="checkbox"/> No
		If other parish, name of home parish:

Emergency Information

Emergency Contact Name	Relationship	Cell Phone	Work Phone
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Fee (Make checks payable to: Corpus Christi Parish.)

<input type="checkbox"/> One child \$150	<input type="checkbox"/> Two children \$220	<input type="checkbox"/> *First Communion Fee \$50 per child - if receiving sacrament this year.
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*The extra First Communion fee covers the cost of a professional group and individual photo, felt banner kit, and a *Praying Hands* kit as a memento of the day.

Parent/Guardian Signature

Signature	Date
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Return Registration Form, Check & Copy of Baptismal Certificate to: Jane Young, Director of Religious Education
 Corpus Christi Parish
 880 Toyopa Drive
 Pacific Palisades, CA 90272

Sign parent VIRTUS "Teaching Touching Safety" permission slip on back side of this form.

VIRTUS “Teaching Touching Safety” Children’s Program
Archdiocese of Los Angeles
“Permission Slip”

TO: Parents of Religious Education Students

FROM: Corpus Christi Parish

SUBJECT: VIRTUS® *Teaching Touching Safety* Program for Children and Young People

We are committed to your child’s safety and well-being. Almost daily, we hear of incidents of child sexual abuse happening. That is why learning how to prevent it is important that not only, we as adults must learn how to keep our children and young people safe, but that we also teach them to keep themselves safe..

Corpus Christ’s Religious Education Program will present a child sexual abuse prevention program, called VIRTUS® *Teaching Touching Safety*, to our students each year in Religious Education. Parents will receive prior notification by email of date(s) and topics of the class(es).

This program is provided by Archdiocese of Los Angeles, and is a part of our ongoing effort to help create and maintain a safe environment for children and youth to protect all children from sexual abuse. For more information on the *Teaching Touching Safety Program*, you may visit the VIRTUS *Online*™ website at www.virtus.org.

If you have questions about the program, or would like to review any of the materials, please feel free to contact Jane Young, Director of Religious Education, at (310) 454-1328 ext 226.

Corpus Christi Parish Religious Education Program
Parent Permission Slip for the VIRTUS® *Teaching Touching Safety* Program

I understand that for my child to participate in the VIRTUS® *Teaching Touching Safety Program* I need to fill out and return this Parent Permission Form. I am specifically requesting that the Corpus Christi Religious Education Program present the VIRTUS *Teaching Touching Safety Program* to my child during each year my child is enrolled in the Religious Education Program.

Child’s Name: _____.

Parent’s Name (printed): _____

Parent’s Signature: _____

Date: _____

(Failure to return the signed permission slip implies consent for child to attend Program.)