

Corpus Christi Parish

RE^{IG}IOUS EDUCA^{TION}

Registration Checklist 2024-25

- Completed Registration Form** (Required each year)
Be sure to check on form which program you are enrolling in:
 - *A Family of Faith* (parent-led at-home program)
 - OR
 - On-Site Classes (Mondays 3:45-5:00 p.m.)
 - *Please do not schedule your child for other activities on Mondays. Attendance is required in class for the full time. Thank you.*

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

- Annual Registration Fee** (Check payable to Corpus Christi Parish)
_____ \$170 one child
_____ \$295 two children (\$100 each additional child)
_____ \$60 First Communion Fee
(Per child receiving First Communion in 2024-25 school year)

- Signed VIRTUS “Empowering God’s Children” Parent Permission Slip**
(Children will participate in the Archdiocesan Safeguard the Children “Empowering God’s Children” classes to help prevent child sexual abuse. Parents will receive prior notice of dates of classes.)

- Signed Parent Release Form for Child Pick-Up**
(Permission is required for anyone other than a parent to pick up your child.)

- Parish Registration form** (If not already a registered parishioner.)
Print and submit – (or submit online) at <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

2024-25 RELIGIOUS EDUCATION REGISTRATION - GRADES 1-8

For Office Use Only
VIRTUS Baptism
Check Amount \$

REGISTERING FOR (CHECK ONE PROGRAM):

A FAMILY OF FAITH - PARENT-LED AT-HOME PROGRAM **OR** **ON-SITE CLASSES (MONDAYS 3:45-5:00 p.m.)**

#1 CHILD'S NAME

Last	First	Middle	Check one: New Student <input type="checkbox"/>
			Returning Student <input type="checkbox"/>
Gender	Grade (in 2024-25)	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 <input type="checkbox"/>
			Returning Student <input type="checkbox"/>
Gender	Grade (in 2024-25)	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 (By your signature below, you give permission for Corpus Christi Parish to release your child to this person.)

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

One child \$170 Two children \$295 *First Communion Fee \$60 per child if receiving sacrament this year.

*The First Communion fee helps cover the cost of sacramental expenses, such as professional photos, certificates, and reconciliation stole.

Parent/Guardian Signature

Signature	Date
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<u>Return Registration Packet, Check & Copy of Baptismal Certificate to:</u>	Jane Young, Director of Religious Education
Phone: (310) 454-1328 ext. 226	Corpus Christi Parish
Email: janey@corpuschristichurch.com	880 Toyopa Drive, Pacific Palisades, CA 90272

Sign VIRTUS "Empowering God's Children" parent permission slip included in packet.

VIRTUS “Empowering God’s Children Program”
Office of Safeguard the Children
Archdiocese of Los Angeles
“Permission Slip”

TO: Parents of Corpus Christi Parish Religious Education Students

FROM: Corpus Christi Parish, Pacific Palisades, California

SUBJECT: VIRTUS® *Empowering God’s Children 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 Christi’s Religious Education Program will present a child sexual abuse prevention program, called VIRTUS® *Empowering God’s Children*, 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 the 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 *Empowering God’s Children 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 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® *Empowering God’s Children Program*

I understand that for my child to participate in the VIRTUS® *Empowering God’s Children 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 *Empowering God’s Children 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.)

CORPUS CHRISTI PARISH
RELIGIOUS EDUCATION ON-SITE PROGRAM
2024-25 SCHOOL YEAR

PARENT RELEASE FORM
for
CHILD PICK-UP
FROM CLASS

I AM THE PARENT OF:

PRINT NAME(S)

AND GIVE PERMISSION FOR THE ADULTS BELOW TO PICK UP MY CHILD(REN) AFTER RELIGIOUS EDUCATION CLASSES.

Note:

- *Please list all adults to whom the Religious Ed Program may release your child(ren).*
- *Children will not be released to minors and may not walk home unaccompanied by an adult.*

NAME of ADULT (PRINT)	RELATIONSHIP TO CHILD	PHONE NUMBER

Parent Name (Print)

Parent Phone Number(s)

Parent Signature

Date Signed