

TTS
PERM OPT-OUT

CHURCH OF THE VISITATION
RELIGIOUS EDUCATION OFFICE (310) 216-1145
Registration and Release Form 2024-2025

FYSP	SYSP
BAPTISM	

Student's Name _____ **Family's Last Name** _____ **Parish ID #** _____

PLEASE PRINT ALL INFORMATION CLEARLY AND RETURN ONE FORM PER FAMILY

Address _____ Apt # _____ City, Zip _____

Home Phone _____ E-Mail _____ 2nd email _____

Father's Name _____ Marital Status _____ Religion _____

Father's Cell _____ Father's Work Phone _____ wk. email _____ May we call/email you there? Y/N

Mother's Name _____ Marital Status _____ Religion _____ Mother's Cell _____

Mother's Work Phone _____ wk. email _____ May we call/email you there? Y/N

Mother's Maiden Name _____

Primary language spoken at Home _____ Child(ren) reside with _____

Student's Last Name	Student's First Name	Male or Female	Date of Birth	Grade in Sept 2024	Name of School in Sept 2024	Church of Baptism (Catholic/ Other)	Received Communion?	Number of Years in Religious Ed

Fees

First Communion Preparation **1 student** **\$200.00** _____

Grades: Kindergarten, 3-8 **1 student** **\$150.00** _____

Each additional child (excluding 1st Communion Prep) \$100.00 _____

Total Fees Due \$ _____

Are you currently registered in parish? Y N

How did you hear about our program? _____

Can you volunteer in the program? Y N

Faith Direct

Fees can also be paid through Faith Direct by using a credit card. <https://membership.faithdirect.net/givenow/ca772>
 (Click on the Religious Education tab and in the notes section, type in your child's name) Please check box if paid through Faith Direct.

I understand that I am responsible for the total fees due. I agree to pay the full amount by December 31, 2024. No one will be denied a religious education for financial reasons. If you are in need of financial aid, please check box

First Communion Preparation is a process of two consecutive years of faith formation.

Signature

Date

A COPY OF THE BAPTISM CERTIFICATE MUST BE PROVIDED WITH APPLICATION. THANK YOU!

Contacts in case of emergency that the student may be released to other than parent/guardians:

Emergency Contact 1) _____ Relation _____ Phone _____

Emergency Contact 2) _____ Relation _____ Phone _____

Does your child have any allergies or medical needs? Yes No Please explain _____

Does your child have a current IEP or 504 plan in School? Yes No If so, what is the nature of your child's disability? _____

"The Sunday Eucharist is the foundation and confirmation of all Christian practice. For this reason, the faithful are obliged to participate in the Eucharist on days of obligation, unless excused for a serious reason (for example, illness, the care of infants) or dispensed by their own pastor. Those who deliberately fail in this obligation commit a grave sin."

-Catechism of the Catholic Church, p. 526, Article 2181

CHURCH ATTENDANCE: I understand that weekly Church attendance is an indispensable component of my child's Religious Education.

As the parent/guardian of the student(s) listed on the front, I hereby give permission for his/her participation in activities sponsored by the Religious Education Office of Visitation Church. I agree to direct my child(ren) to cooperate and conform to directions and instructions from all persons responsible for these activities. As a condition of my child(ren) being allowed to do so, I hereby release and discharge the Archdiocese of Los Angeles, its constituent organizations, employees, and volunteers from any and all claims for personal injury or property damage that he/she may suffer as a result of his/her participation.

initial

I hereby authorize the making of photographs, videotapes and recordings of said events and my child(ren)'s participation therein, and the publication and duplication or other use thereof. I hereby waive any right to compensation or any other rights that otherwise might have to limit or control such making or use.

Initial

Initial

I hereby give permission to the physician, nurse, dental, or licensed care staff selected by the supervisory personnel then present to render medical, dental or Other appropriate treatment necessary in case of emergency.

Initial

PARENT GUARDIAN SIGNATURE

By signing this document, I give permission for my child/children to participate in Visitation's faith formation program, whether conducted onsite or online.

Signature

Date

FOR OFFICE USE ONLY

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Date	Cash	Check Number	Amount	Balance	Received by

DISASTER RELEASE INFORMATION

Date Name of Student(s) was/were Released to Name, Id #, Phone No. Purpose Time