



Mission San Luis Obispo de Tolosa  
Pro Cathedral

751 Palm Street • San Luis Obispo, California 93401 • Phone (805) 781-8220 • Fax (805) 781-8214  
e-mail: office@oldmissionslo.org • Web address: www.missionsanluisobispo.org

**2018-2019**  
**REGISTRATION FORM**  
**FAMILY FAITH FORMATION**

**STUDENT (One form per student, filled out each year please)**

**First name:** \_\_\_\_\_ **Last name:** \_\_\_\_\_

Home address: \_\_\_\_\_ City/St/Zip: \_\_\_\_\_

Cell number: \_\_\_\_\_ **Primary email:** \_\_\_\_\_

*I give my permission to text my cell phone for reminders*

**Please choose one of the following options:**

Faith Formation English       Formación de Fe Español

School child attends \_\_\_\_\_ grade \_\_\_\_\_

**FAMILY (PARENTS/GUARDIANS)**

**Mother's/Guardian's first name:** \_\_\_\_\_ **Maiden Name:** \_\_\_\_\_

**Religion:** \_\_\_\_\_

**Father's /Guardian's first name:** \_\_\_\_\_ **Last name:** \_\_\_\_\_

**Religion:** \_\_\_\_\_

**SACRAMENTS RECEIVED BY CHILD:**

Baptism       Yes       No

If no, your child needs concurrent enrollment in baptism preparation thru the catechumenate.

First Reconciliation  Yes       No

First Eucharist       Yes       No

**2<sup>nd</sup> YEAR SACRAMENTAL PREPARATION ONLY:**

**Date of birth:** \_\_\_\_\_

**My child received the Sacrament of Baptism at** \_\_\_\_\_ **(Church)**

**On:** \_\_\_\_\_, \_\_\_\_\_

(Month)

(Day)

(Year)

**If your child wasn't baptized at Old Mission Church, please attach a copy of the baptism certificate.**

**Preparation sessions:**

**\*\*Children need to attend faith formation sessions AND retreats or make special arrangements with the Director of Faith Formation.\*\* See attached calendar.**

We would be grateful for a donation of \$ 25.00 per family to cover materials for faith formation and **an addition of \$35.00 per child for Sacramental preparation materials.** (2<sup>nd</sup> yr. only)

**OFFICE USE ONLY:**

Date received: \_\_\_\_\_ Initials: \_\_\_\_\_ Amount received: \_\_\_\_\_ Check#/Cash: \_\_\_\_\_

Visa/MC \_\_\_\_\_ Initial \_\_\_\_\_

# Family Faith Formation

## 2nd year sacramental prep

### Calendar 2018-2019

Family Faith Formation	
September	9
	16
	23
October	7
	14
	21
November	4
	18
December	9
	16
January	6
	13
	27
February	3
	24
March	3
	10
	24
	31
April	7
	14
May	5
	12
June	2
	9

2nd year sacramental prep (reconciliation and eucharist)
2nd yr. only sac. Prep retreat – September 30
2nd yr. only sac. Prep retreat – October 28
2nd yr. only sac. Prep retreat – December 2
2nd yr. only sac. Prep retreat – February 10
2nd yr. only sac. Prep retreat – March 17
<b>First Reconciliation</b> – family reconciliation service March 26 @ 6pm
2nd yr. only sac. Prep retreat – April 28
Rehearsal and church tour May 14 @ 6 pm
First Eucharist weekend May 18 & 19 Mass times – Sat. @ 5:30 pm Sun. @ 9, 11 am 12:30 (Spanish)

*2nd yr sacramental prep BOTH calendars*

*OMS sac prep column only*

**DIOCESE OF MONTEREY  
PERMISSION WAIVER AND RELEASE & CONSENT FOR TREATMENT FORM  
FOR PARISH/SCHOOL ACTIVITY/EVENT**

**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 DIOCESE OF MONTEREY PARISH & SCHOOL OPERATING CORPORATION, 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.

<b>Activity: Family Faith Formation</b>
<b>Dates: September 9, 2018 - June 9, 2019</b>
<b>Mode of Transportation: Parents attend with Children</b>

I, \_\_\_\_\_ (name of parent or legal guardian) parent or legal guardian of

\_\_\_\_\_ (name of child/ren)  
hereby give my permission for my child/ren to participate in the youth activity named above. I agree to direct my child/ren 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/ren 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/ren 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/ren 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/ren 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/ren 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 child/ren, 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/ren 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/ren'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/ren 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:** \_\_\_\_\_

**Please provide the following:**

Child's Name: _____
Date of Birth: _____ Male <input type="checkbox"/> Female <input type="checkbox"/>
Child's Name: _____
Date of Birth: _____ Male <input type="checkbox"/> Female <input type="checkbox"/>
Child's Name: _____
Date of Birth: _____ Male <input type="checkbox"/> Female <input type="checkbox"/>
Allergies (foods, drugs, insects, etc.) _____
Medications (name, dosage, reason) _____
Other information (injuries) or special health/physical conditions: _____
<b>Insurance Information:</b> Insurance Carrier (Dependent Coverage): _____
Name of Policy Holder: _____ Policy Number: _____
<b>Persons Authorized to Pick-Up Children:</b>
Name: _____ Phone: _____
Name: _____ Phone: _____
My Child/ren may walk home from this program. <input type="checkbox"/>
My Child may drive him/herself home from this program. <input type="checkbox"/>
My Child requires a Child Safety Seat. <input type="checkbox"/>
<b>Person(s) to notify in case of an emergency:</b>
Name: _____
Day Phone Number(s) _____ Evening Phone Number(s) _____
Name: _____
Day Phone Number(s) _____ Evening Phone Number(s) _____
Child/ren's Doctor: _____ Phone Number: _____
Child/ren's Dentist: _____ Phone Number: _____