

ST. ROBERT BELLARMINE RELIGIOUS EDUCATION
520 E. Orange Grove
cgallagher@srbburbank.org
818-845-3521

RELIGIOUS EDUCATION PROGRAM REGISTRATION 2021-2022

Dear Parents,

Registrations are now being accepted for the 2021-2022 Religious Education School year. All returning students, and new students, must complete the registration form. **NO CHILD IS AUTOMATICALLY REGISTERED.**

Please complete the registration form and all attached sheets to the Religious Education Office.

FEE SCHEDULE

Elementary fee:	\$85.00 (1 child	\$135.00 (2 or more children (classes begin Sept. 28, 4:00 -5:30 P.M.
Jr. High fee: Grades 6, 7th, 8th:	\$95.00 (1 child	\$165.00 (2 or more children (classes begin Oct. 13, 6:00-7:30

Payment (or partial payment) is due with your completed form. Please make checks payable to St. Robert Bellarmine Religious Education.

PLEASE INCLUDE:

TEACHING, TOUCHING, SAFETY

"Permission Form

COPY OF BAPTISM CERTIFICATE IS A MUST

ST. ROBERT BELLARMINE PARISH RELIGIOUS EDUCATION ELEMENTARY/JUNIOR HIGH REGISTRATION FORM 2021-2022

CHILDREN'S LAST NAME: _____ Parents last name if different)

STREET ADDRESS: _____ CITY: _____ ZIP: _____

EMAIL ADDRESS OF PARENT: _____

Please Print Clearly

Mother's Name: _____ Home Phone: _____ Cell Phone: _____ Living in home: _____

Father's Name: _____ Home Phone: _____ Cell Phone: _____ Living in home: _____

EMERGENCY CONTACT (NAME AND PHONE) _____ RELATIONSHIP _____

To Be completed By Office

Child's Name	Grade In Sept. 2021	Birthdate	School Child Attends	Enrolled Here before	Are you Baptized	If so, in Catholic church	Made First Communion YES or NO	Bapt. Cert on file	Class Assignment Complete by Office

Are your children/child permitted to walk home from class _____

Elementary fee:	\$85.00 (1 child	\$135.00 (2 or more children
Jr. High fee: Grades 6, 7 th , 8 th :	\$95.00 (1 child	\$165.00 (2 or more children

IN ORDER FOR REGISTRATION TO BE COMPLETE FORMS MUST INCLUDE:

*** COPY OF BAPTISM CERT. (IF NOT ON FILE), * PERMISSION SLIP, *MEDICAL CARD, *PHOTO PERMISSION**

OFFICE USE ONLY

Registration date: _____
 Paid: _____
 Check #/Cash _____ (Credit Cards Acceptable)
 Balance: _____
 Balance: _____
 Balance: _____

Bapt. Cert. on file _____
 Permission Slip _____
 Photo Permission _____
 Excell Entry _____

ANY HEALTH CONCERNS?

CHILD'S NAME: _____

MEDICAL CONDITION/ALLERGIES: _____

LEARNING CONCERNS: _____

EMOTIONAL CONCERNS: _____



"Permission Form" 2021-2022

FROM: St. Robert Bellarmine Religious Education
SUBJECT: Opportunity to allow your child to participate in the *Touching Safety* program
DATE: 2021-2022 School Year

St. Robert Bellarmine Religious Education presents an abuse prevention class during the school year titled: *Teaching, Touching, Safety*. The creators of the *Protecting God's Children*™ program is provided to us by the Los Angeles Archdiocese, and is a part of our ongoing effort to help create and maintain a safe environment for children and to teach them ways to protect themselves from all kinds of abuse (*mistreatment, bullying, peer pressure, neglect and internet safety*)

As a parent, you have the right to choose whether your child(ren) participate. This year the class will be Tuesday, Nov.9, during regular class time. If you have questions about the program, please contact Carol Gallagher: cgallagher@srbburbank.org

For more information on the *Touching Safety* program, visit the VIRTUS *Online*™ website at www.virtus.org.

PLEASE RETURN THIS FORM WITH YOUR REGISTRATION FORM

YES: I would like my child to participate in the Protecting God's Children "Touching Safety Program".

NO: I do not want my child to participate in the Protecting God's Children "Touching Safety Program." PLEASE COMPLETE THE OPT-OUT FORM ON THE BACK OF THIS PAGE

NAME OF CHILD _____ GRADE _____
NAME OF CHILD _____ GRADE _____
NAME OF CHILD _____ GRADE _____

Parent's name (printed): _____

Parent's Signature: _____

Date: _____

Please see the program coordinator if you have any questions or want to teach your own child the program.

PHOTO RELEASE FORM

PARENT'S AUTHORIZATION TO USE STUDENT'S IMAGE, NAME, VOICE AND/OR WORK FOR NON-COMMERCIAL PURPOSES

St. Robert Bellarmine Parish Photo Release For classes, activities, retreats, Liturgies

The Los Angeles Archdiocese / St. Robert Bellarmine Parish intends to use images, name, voice and/or work for the following non-commercial purposes: Classes, Rites, elementary, JR. High, sacraments, Youth Ministry events, gatherings and or retreats to include St. Robert Bellarmine Parish web photo albums. www.srburbank.org

This section to be completed by Parent/Legal Guardian:

I understand and agree that my child's image, name, voice and/or work (the "Personal Information") may be used for the purposes of memorializing. I further understand and agree that the Archdiocese of Los Angeles / St. Robert Bellarmine Parish may use photos or video for other non-commercial purposes, including, but not limited to, publicity, exhibits, electronic media broadcasts. I understand and agree that the photographs or electronic recordings of my child may be copied, edited and distributed by the Archdiocese/School/Parish in publications, catalogues, brochures, books, exhibits, films, videotapes, CDs, DVDs, websites, or any other form now known or later developed (the "Materials").

The Archdiocese of Los Angeles / St. Robert Bellarmine Parish may use the Personal Information at its sole discretion, with or without my child's name or with a fictitious name, and with accurate or fictitious biographical material. The Archdiocese of Los Angeles / St. Robert Bellarmine will not use the Personal Information for improper purposes or in a manner inconsistent with the teachings of the Roman Catholic Church.

I waive any right to inspect or approve any Materials that may be created using the Personal Information now and in the future. While the Archdiocese of Los Angeles / St. Robert Bellarmine Parish will take care to maintain the particular intents and purposes of the photographs or electronic recordings, editing may be necessary to obtain the best results. I release and discharge the Archdiocese of Los Angeles / St. Robert Bellarmine Parish and its employees and agents from any liability that may arise out of the making or editing of the photographs or electronic recordings, including but not limited to, distortion, blurring, alteration, optical or auditory illusion or use in composite form.

In exchange for the Archdiocese of Los Angeles's / St. Robert Bellarmine Parish's giving my child an opportunity to participate in the class/activity, I hereby agree that neither I, nor my child, will receive monetary compensation, royalties or credit for use of the photographs or electronic recordings by the Archdiocese of Los Angeles / St. Robert Bellarmine Parish. I understand and agree that St. Robert Bellarmine shall be the owner of all right, title and interest, including copyright, in the photographs, electronic recordings and Materials. If St. Robert Bellarmine intends to use the Materials for a commercial purpose, I will be provided at that time with information about the terms of the commercial use.

I hereby waive, release and forever discharge any and all claims, demands, or causes of action against the Archdiocese of Los Angeles / St. Robert Bellarmine and its employees, agents, contractors and any other person, organization, or entity assisting them with the photography, electronic recording or Materials, for damages or injuries in any way related to, or arising from the photography, electronic recording or Materials, or the use of the Personal Information, and I expressly assume the risk of any resulting injury or damage.

I further understand and agree that this Authorization remains in effect until it is withdrawn in writing. I understand that if I change my mind about this Authorization, that I will submit another, new authorization form to St. Robert Bellarmine Parish. However, my new authorization will not have the effect of revoking this Authorization, and the Archdiocese of Los Angeles / St. Robert Bellarmine Parish will have no duty or obligation to make any changes or alterations to any Materials that may have been prepared based on this Authorization.

I represent that I have read this Authorization, understand the contents and am able to grant the rights and waivers it contains. I understand that the terms of this Authorization are contractual and not mere recitals. I am signing this document freely and voluntarily.

Child's name: _____ Date: _____

Parent's signature: _____ Relationship to Child: _____

Address: _____ Telephone: _____

PLEASE KNOW THIS IS FOR OUR SRB WEBSITE

