

# Religious Education

## REGISTRATION FORM: K-6<sup>th</sup> Grade

2024 - 2025

CHILD INFORMATION					
Child Full Name					
Address					
City		State		Zip Code	
Date of Birth		Age by Apr 2025		Place of Birth	
Grade in Fall 2024		School Attending			
PARENT INFORMATION*					
<i>Holy Spirit Church uses Flocknote to communicate with parents. Your email and phone number will be added by the Religious Education Department. Please do not opt out of these communications.</i>					
Mother's Name			Mother's Maiden Name		
Mother's Cell		Mother's Email			
Father's Name					
Father's Cell		Father's Email			
<p>Are you interested in volunteering as a Teacher, or Teacher's Assistant?    <input type="checkbox"/> YES    <input type="checkbox"/> NO</p> <p><i>Volunteers must complete the Diocesan mandated Safe Environment course and submit to a Live Scan fingerprint clearance for the Diocese of Fresno (paid for by Holy Spirit). Registration fee will be waived for volunteers in the Religious Ed program.</i></p>					
BAPTISMAL INFORMATION					
<i>Copies of Baptismal Certificates must be provided for all children.</i>					
Date					
APPROVED PICK-UP LIST					
<i>I authorize the following adult(s), excluding parents, to drop off/pick-up my child:</i>					
Name/Relationship				Phone #	
Name/Relationship				Phone #	
Name/Relationship				Phone #	

Holy Spirit Church | Religious Education

355 E. Champlain Drive, Fresno, CA 93730 | T: (559) 434-3522 | E: [religiouseducation@holyspiritfresno.org](mailto:religiouseducation@holyspiritfresno.org)  
<https://www.holyspiritfresno.org/childrens-religious-education.html>

### CLASS INFORMATION & SELECTION

*The Sacrament of First Holy Communion is a two-year program. Classes begin in September and end the following April. When registering your child, please ensure there are no scheduling conflicts with the day you choose for their religious ed. class. Classes are held from 4:00p – 5:00p Monday – Thursday.*

**\*\*\*Children may not have more than 3 unexcused absences for the year, or they risk needing to repeat the class\*\*\***

I would like to register my child for the following class type (choose one):

- KINDERGARTEN – this is not a sacramental year
- SACRAMENT YEAR 1 – typically 1<sup>st</sup> grade and 6 years before March 2025
- SACRAMENT YEAR 2 – must have completed Year 1. If from another parish, must provide proof of class completion
- ONGOING EDUCATION – typically 3<sup>rd</sup> thru 6<sup>th</sup> grade

I would like to register my child for the following day (choose one):

- MONDAY     TUESDAY     WEDNESDAY     THURSDAY (Older students & RCIA II only)

### FORMS, FEES & SIGNATURE

All classes are on a first come, first serve basis and requests are not guaranteed. The following forms & payment are required at the time of registration in order to complete the enrollment process and secure your child's class.

**Class fees are as follows:**

Sacramental Years 1 and 2: \$80/child  
Kindergarten and Ongoing Ed: \$40/child

Payments can be made by check to "Holy Spirit Church", cash, or online at [holyspiritfresno.org](http://holyspiritfresno.org).  
If you wish to apply for a scholarship for the class fees, please contact us at: 559-434-3522.

**Please complete and submit the following to the Religious Ed office:**

- Registration Form
- Baptismal Certificate (copy)
- R22
- R30
- Payment
- Volunteer Form (if applicable)
- Scholarship Request (if applicable)
- Picture of your child (for reference purposes only)

**I have reviewed the calendar and understand my child cannot miss more than 3 classes over the course of the catechism school year and that if my child will be absent, I will call the office before the class begins to notify staff of their absence. I agree that s/he will make up any missed work and submit the completed work to the Religious Ed office for review. I understand that if my child has too many absences, they risk having to repeat the catechism classes the following year.**

PARENT SIGNATURE \_\_\_\_\_ Date \_\_\_\_\_

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## Diocese of Fresno (DOF) and Entities of the Diocese of Fresno: Code of Conduct Agreement for Participants under the age of 18 and Non Participating Parents or Guardians

NAME OF PARISH OR SCHOOL	Holy Spirit, Fresno	NAME OF GROUP	Religious Education, 2024-2025
NAME OF EVENT	2024-2025 Parish / School <i>(Use Event Form for Individual Activities or Events)</i>		

In order to participate in any youth activities sponsored by DOF, all youth participants, under the age of 18, and a parent or legal guardian must sign that they have read and agree to the following:

### **PARTICIPANT AGREEMENT** (under the age of 18):

I agree to politely obey the requests and directions of the adult leaders.

I agree to stay with my assigned group or buddy at all times.

I agree to participate in the approved activities at all times.

I agree to dress appropriately at all times.

If the event involves an overnight stay, I agree to stay in my assigned room and observe the bedtime and quiet hours schedule until group activities begin the next day unless otherwise directed by an adult leader.

I agree to be on time to activities and will observe all check-in rules.

I agree to treat others with respect and will not engage in behavior that reflects poorly on me or the group which includes, but not limited to: stealing, swearing, fighting, being physically or verbally abusive, being dishonest, damaging property, threatening others, or engaging in disruptive behavior.

I agree not to participate in hazing, teasing, bullying, or similar activities.

I agree not to engage in any illegal activities including, but not limited to: smoking, using drugs, gambling, possession of tobacco, drugs, or any weapons.

As a participant, I will take responsibility for my actions and understand that I will be sent home if I do not comply with this Code of Conduct to the satisfaction of the adult leaders.

PRINT NAME OF PARTICIPANT	SIGNATURE OF PARTICIPANT	N/A, Minor
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### **PARENT / GUARDIAN AGREEMENT** (requires signature and all contact information)

I have reviewed the Code of Conduct with my child. He or she understands that the Code of Conduct and promises to comply with the demands in order to participate.

If my child does not comply with this Code of Conduct to the satisfaction of the adult leaders, I agree to immediately retrieve my child from the activity or event, at my own expense.

PRINT NAME OF PARENT / GUARDIAN	SIGNATURE OF PARENT / GUARDIAN
HOME PHONE NUMBER	WORK PHONE NUMBER
CELLULAR NUMBER	OTHER MEANS OF CONTACT

**Diocese of Fresno (DOF) and all Entities of the Diocese of Fresno: Permission for a Minor to Participate in a DOF Activities, Release of Liability, and Consent for Emergency Medical Treatment**

Parent / Guardian: In order for your child to attend and/or participate in DOF sponsored events, activities, or sports during this calendar year, you must give your signed permission by completing this ANNUAL form. In addition to this form, you will also be required to sign permission PR21 Event Forms for you child to participate in specific DOF sponsored events, activities and sports conducted off parish grounds

<b>NAME OF PARISH OR SCHOOL</b> Holy Spirit Church, Fresno	<b>NAME OF GROUP</b> Religious Education, 2024-2025
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I, the undersigned parent or legal guardian, voluntarily wish to give permission for and request that my child be allowed to attend and participate in DOF-sponsored events and activities during this calendar year including those conducted off parish grounds. My child is physically fit and capable of participating in DOF events and activities. I have informed my child to cooperate and conform with the rules, guidelines, and instructions given by DOF personnel or agents, or chaperones, or responsible for DOF events and activities. If requested, I will sign a permission and release PR20 Form for each specific event or activity conducted off DOF grounds. I reserve the right to disallow my child to participate in DOF -sponsored events by notifying the leader in writing.

I understand that participation in this activity involves some risk (including any travel to and from this activity) and that unforeseen occurrences can arise. I am informed and agree that transportation, if involved, may be provided by volunteers, parents, private individuals, or approved commercial operators who are believed to be reliable and insured, but are not under the supervision or control of the Diocese of Fresno.

In exchange for permitting my child to participate in this voluntary activity, I waive and give up all claims (and the right to file a lawsuit) which I or my child (and our successors, heirs, and assigns) may have against DOF. I release and discharge the DOF from all liability or responsibility for death, illness, personal injury, or property damage arising out of DOF activity and any transportation involved with the DOF activities.

In the event of an emergency and if the DOF is unable to contact me, I authorize the DOF personal or other adult leadership of a parish-sponsored event or activity, at my expense, to secure and consent to x-ray examination, medical, dental, or surgical diagnosis, treatment, and hospital care advised and supervised by a duly licensed physician, surgeon, or dentist. I expect to be contacted as soon as possible. I agree that if emergency medical or dental services are required for my child, the DOF will not be responsible to pay for any medical or dental expenses. A copy or digital image of this form shall be valid as the original and may be given to the adult leader of parish-sponsored activities.

This permission, waiver, release, and consent applies to the DOF named, including but not limited to the Diocese of Fresno Education Corporation; the Roman Catholic Bishop of Fresno (a corporate sole); the Diocese of Fresno; other Fresno Diocesan Parishes and Schools; affiliated organizations and officers; clergy; agents; and employees.

This waiver and release form is signed in order for my child to participate in the DOF -sponsored events and activities for my child's own personal enjoyment and benefit and is done so freely with the knowledge of the risk and dangers that are or may be involved.

I authorize any hospital which has provided treatment to the named participant pursuant to the provisions of Family code section 6910 to surrender physical custody of such minor to the DOF representative upon the completion of treatment. This authorization is given pursuant to Health and Safety Code section 1283.

I, the undersigned, have read this release and understand all of its terms. I request that my child be allowed to participate in DOF -sponsored events and activities. I execute this form voluntarily and with full knowledge of its significance. I have discussed the above with my child, and my child is aware of and understands the importance of following all rules set out for these events, activities, or sports. A copy or digital image of this form shall be as valid as the original authorization and may be given to the adult leader of the events, activities, or sports.

<b>PRINT NAME OF PARTICIPANT</b>	<b>DATE</b>
<b>PRINT NAME OF PARENT / LEGAL GUARDIAN</b>	<b>SIGNATURE OF PARENT / LEGAL GUARDIAN</b>

**Diocese of Fresno (DOF) and all Entities of the Diocese of Fresno : Permission for a Minor to Participate in DOF Activities, Release of Liability, and Consent for Emergency Medical Treatment**

The following information is provided for the benefit of the parish in case of an emergency.

<b>PRINT NAME OF PARTICIPANT</b>	<b>DATE OF BIRTH</b>
<b>PRINT NAME OF PARENT / LEGAL GUARDIAN</b>	<b>PAGER / CELLULAR TELEPHONE NUMBER</b>
<b>DAYTIME TELEPHONE</b> <input type="checkbox"/> HOME <input type="checkbox"/> WORK	<b>EVENING TELEPHONE</b> <input type="checkbox"/> HOME <input type="checkbox"/> WORK
<b>EMERGENCY CONTACT (OTHER THAN PARENT / GUARDIAN)</b>	<b>RELATIONSHIP</b>
<b>EMERGENCY CONTACT DAYTIME TELEPHONE</b> <input type="checkbox"/> HOME <input type="checkbox"/> WORK	<b>EMERGENCY CONTACT EVENING TELEPHONE</b> <input type="checkbox"/> HOME <input type="checkbox"/> WORK
<b>ALLERGIES (FOODS, DRUGS, INSECTS, ETC.)</b>	
<b>MEDICATIONS (NAME, DOSAGE, TREATMENT)</b>	
<b>IF ANY MEDICATION IS LISTED: FORMS R18 OR R19 MUST BE COMPLETED AND ATTACHED</b>	
<b>OTHER INFORMATION</b>	

<b>DOCTOR S / MEDICAL GROUP INFORMATION</b>
<b>FAMILY DOCTOR OR MEDICAL GROUP</b>
<b>DOCTOR'S TELEPHONE</b>
<input type="checkbox"/> No Family Physician Listed
<b>DENTIST'S NAME OR MEDICAL GROUP</b>
<b>DENTIST'S NAME TELEPHONE</b>
<b>ORTHODONTIST'S NAME OR MEDICAL GROUP</b>
<b>ORTHODONTIST'S NAME TELEPHONE</b>

<b>INSURANCE INFORMATION</b>
<b>INSURANCE COMPANY</b>
<b>POLICY HOLDER'S NAME</b>
<b>INSURANCE GROUP OR ID NUMBER</b>
<input type="checkbox"/> No insurance Listed
<b>DATE RECEIVED AND BY</b>

# EVENT - PHOTOGRAPHY RELEASE AUTHORIZATION

# R-30

## Release for Diocesan Production for the Diocese of Fresno (DOF) and all Entities for the Diocese of Fresno (DOF)

Parents / Guardians: This form must be completed in order for your child to participate in this event or function. Please respond accordingly to the authorized use of your child's photograph or video image in a DOF produced public-relations document.

<b>NAME OF PARISH OR SCHOOL</b> Holy Spirit Church, Fresno	<b>NAME OF GROUP</b> Religious Education, 2024-2025
<b>NAME OF EVENT</b>	<b>DATE OF EVENT</b>

### **PARTICIPANT AGREEMENT:**

I hereby grant the Diocese of Fresno and its entities (hereinafter called Producer), their nominees, designees, and successors full authorization and the absolute right and permission to sell, assign, convey, reproduce, copyright, use or publish photographic reproductions, portraits, or pictures of me, motion picture or video tape pictures of me, or in which I may be included in whole, in part, or in composite, or in which character or form is distorted, in conjunction with my own or any other picture, product, person, name or reproduction, in color or otherwise, made through any media at its studios or elsewhere, for art, advertising, commerce, business or trade, or any other lawful purpose whatsoever.

I hereby waive any right I may have to inspect or approve the finished product or the advertising copy that may be used in connection therewith, or the use to which it may be applied.

I hereby release, discharge and agree to hold harmless PRODUCER, its nominees, designees, or successors, and assignees or others for whom they are acting from any liability of any nature or description by virtue of any use whatsoever, whether intentional or otherwise, or from any change that may occur or be produced in the taking of said picture or pictures, or any processing tending towards the completion of the finished product, unless it can be shown that said use or change is solely for its purpose of subjecting me to conspicuous ridicule, scandal, reproach, scorn and indignity.

<b>PRINT NAME OF PARTICIPANT</b>	<b>SIGNATURE OF PARTICIPANT</b>
<b>ADDRESS</b>	
<b>TELEPHONE</b>	<b>EMAIL</b>

### **PARENT / GUARDIAN AUTHORIZATION FOR A MINOR**

If the participant is under 18 years of age, the parent or legal guardian of the above participant must provide the following information and must check one of the following and sign.

- As the parent and/or legal guardian of the above named participant, **I do hereby consent and grant my permission** to all of the foregoing.
- As the parent and/or legal guardian of the above named participant, **I do not give my consent** for my child to be photographed, but I understand that it will be the responsibility of the participant to make every effort possible from participating in any posed pictures. If a picture or pictures are inadvertently taken, then I agree to review the photographs or video within the given time frame in order to identify my child to avoid any reproduction or usage of that image and/or images.

<b>PRINT NAME OF PARENT / GUARDIAN</b>	<b>SIGNATURE OF PARENT / GUARDIAN</b>
<b>SIGNATURE OF WITNESS</b> KATE MALLAM	<b>DATE</b>

2024-2025

**RELIGIOUS EDUCATION CALENDAR  
2024 - 2025**

SEPTEMBER 2024						
Su	M	Tu	W	Th	F	Sa
1	2	3	4	5	6	7
8	1st Day	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30					

SEPT 9-SEPT 12: 1ST WEEK OF CLASSES

OCTOBER 2024						
Su	M	Tu	W	Th	F	Sa
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
SE Mtg	21	22	23	24	25	26
27	28	29	30	31		

NOVEMBER 2024						
Su	M	Tu	W	Th	F	Sa
					1	2
3	Safe Environment Class				8	9
10	11	12	13	14	16	16
17	18	19	20	21	22	23
24	NO CLASS	NO CLASS	NO CLASS	NO CLASS	29	30

DECEMBER 2024						
Su	M	Tu	W	Th	F	Sa
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	NO CLASS	NO CLASS	NO CLASS	NO CLASS	27	28
29	NO CLASS	NO CLASS				

**IMPORTANT DATES**

Classes Start  
September 9, 2024

Mandatory Meeting  
Parents Only: Safe  
Environment  
October 20, 2024  
11:00AM or 12:30PM

1st Reconciliation  
(2nd year Sac)  
December 16, 2024  
December 17, 2024  
December 18, 2024

FHC Rehearsals  
(2nd year Sac)  
April 28, 2025  
April 29, 2025  
April 30, 2025

Classes End  
April 28, 29 30, 2025

1st Holy Communion  
(2nd year Sac)  
May 3, 2025



JANUARY 2025						
Su	M	Tu	W	Th	F	Sa
			NO CLASS	NO CLASS	3	4
5	NO CLASS	NO CLASS	NO CLASS	NO CLASS	10	11
12	13	14	15	16	17	18
19	NO CLASS	21	22	23	24	25
26	27	28	29	30	31	

FEBRUARY 2025						
Su	M	Tu	W	Th	F	Sa
						1
2	3	4	5	6	7	8
9	NO CLASS	11	12	13	14	15
16	NO CLASS	18	19	20	21	22
23	24	25	26	27	28	

MARCH 2025						
Su	M	Tu	W	Th	F	Sa
						1
2	3	4	Ash Wed	6	7	8
9	NO CLASS	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

APRIL 2025						
Su	M	Tu	W	Th	F	Sa
		1	2	3	4	5
6	7	8	9	10	11	12
13	NO CLASS	NO CLASS	NO CLASS	NO CLASS	18	19
Easter	NO CLASS	22	23	24	25	26
27	Last Day	Last Day	Last Day			

APRIL 28 - 30th: LAST WEEK OF CLASSES

**FIRST RECONCILIATION (for 2nd years): DECEMBER 16, 17, 18**  
**FIRST HOLY COMMUNION (for 2nd years): MAY 3**