



Santa Clara de Asis Youth Ministry
 22005 Avenida de la Paz † Yorba Linda, CA 92887
Youth Minister: Kirsten D. King
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Middle School Youth Ministry Registration 2019-2020

Child's Information

First Name: _____ Middle Name : _____ Last Name: _____

Gender: ___ Male ___ Female Child's nickname: _____ Date of Birth: ___/___/___

Mom's Name: _____ Dad's Name: _____

Child's Home Street Address: _____ Apt #: _____

City: _____ State: CA Zip Code: _____

Family Home Phone: (____) _____ Mom's Cell: (____) _____ Dad's Cell:(____) _____

Child's Cell Phone: (____) _____ (Initials) I give my permission to contact my child via his/her cell phone.

Preferred Parent Contact: ___ Cell ___ Email ___ Home Phone ___ Other: _____

Child's E-Mail: _____

Parent's Email: _____

Grade in the Fall of 2019: ___6th ___7th ___8th School: _____

Emergency contact: _____ Phone: (____) _____ Relation: _____

How often does the family attend Mass together: ___ weekly ___ bi-weekly ___ occasionally ___ never

Family information:

The child's parents are: ___ married ___ separated ___ divorced ___ mother is deceased ___ father is deceased

The child lives with: ___ both parents ___ mother ___ father ___ mother/step-father ___ father/step-mother
 ___ grandparent(s) ___ other: _____

Mom's Religion: ___ Catholic ___ Other: _____

Mom's Employer: _____ Mom's work number: _____

Dad's Religion: ___ Catholic ___ Other: _____

Dad's Employer: _____ Dad's work number: _____

Sacramental Information:

(Both certificates are required; please attach to this packet when submitting. The information below is not in lieu of these certificates):

Church of Baptism: _____ Church of First Eucharist: _____
 ___ My child needs to be baptized ___ My child needs to receive First Eucharist

Safe Environment Requirements:

I am aware that my child and I shall receive Safe Environment Training this year according to the Diocesan Policy. I understand that I can request for my child to "opt out" of this training by making such a request known to the director of Youth Ministry prior to the designated middle school youth night.

Parent Signature: _____ Date: _____

Middle School Youth Ministry Registration Fee:

Youth Ministry Registration is \$110.00 per year (not including retreat fees or outside activities). Fees are due in full with the completed registration packet. Checks or cash are accepted. Cash payments are accepted at the Church office.

Completed Registration includes the following:

- Complete Registration Information
- Copies of Baptismal and First Communion Certificates (If they were received at SCDA, please include the date on the previous page; certificate not necessary, but preferred).
- Registration Fee - \$110.00
 - Please make checks payable to: "SCDA", Memo: Middle School YM and your child's name"
 - Please note that fees are non-refundable.

*Minor Release Form for all events on campus at
Santa Clara de Asis Catholic Church, 22005 Avendia de la Paz, Yorba Linda, CA 92887
from date of signature through July 1, 2020:*

I, _____ grant permission for my child, _____
Parent or Guardian's Name **Child's Name**

to participate in this school/parish/diocesan event. This activity will take place under the guidance and direction of school/parish/diocesan employees and/or volunteers from _____
Name of School/Parish

As parent/legal guardian, I remain legally responsible for any personal actions taken by the above named minor participant. I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend _____, its officers, directors, employees and agents, and the Diocese of Orange, its **Name of School/Parish**

employees and agents, chaperones, or representatives associated with the event, from any claim arising from or in connection with my child attending the event or in connection with any illness or injury (including death) or cost of medical treatment in connection therewith. I agree to compensate the parish/school, its officers, directors and agents, and the Diocese of Orange, its employees and agents and chaperones, or representative associated with the event for reasonable attorney's fees and expenses which may incur in any action brought against them as a result of such injury or damage, unless such claim arises from the negligence of the parish/school or the Diocese of Orange.

I authorize the making of photographs, motion pictures, video tapes, recordings or other memorializing of said event and my child's participation therein, and the publication and duplication or other use thereof. I waive any rights to compensation or any right that I otherwise might have to limit or control such making or use.

I give permission to the physician, nurse, dentist or licensed care staff selected by the supervisory personnel then present to render medical, dental or other appropriate treatment deemed necessary and appropriate by the physician, nurse, dentist or licensed care staff.

Parent Signature: _____ **Date:** _____

Parent Signature: _____ **Date:** _____

Adult Service and Volunteer Form

Parent participation in the program is crucial and necessary for success!

We are all invited to donate our time, talent and treasure to help the church thrive! Please discern how you are being called to serve within our Youth Ministry Program.

Name(s) of parent(s): _____ Child's name(s) in Program: _____

All parents are asked to participate as a chaperone for at least ONE Friday evening formation night each year. (And not allowed to volunteer for more than 3 to allow all youth the chance for some supervised independence.) All parents must be cleared to volunteer through the Diocesan Safe Environment requirements to volunteer. Sign ups for Parent Volunteerism at Youth Nights will be available at the Parent/Child Meeting.

Areas of Interest to Serve - please check all that apply:

Hospitality:

- I would like to help with food preparation or donations for Youth Ministry Events
- I would like to donate gift cards to thank the speakers or volunteers
- I would like to help with set up for Middle School events
- I would like to help with coordinating Volunteer Appreciation or Parish Staff appreciation

Chaperoning:

- I would like to help the Youth Minister chaperone at socials/other events

Administrative Help:

- I would like to help with data entry, phone calling, filing, newsletter prep, and other clerical tasks
- I would like to donate office supplies (colored paper, stamps, pens, sharpies, folders, etc.)
- I would like to help with supplies shopping
- I am artistic and would love to paint and create when needed

Financial Assistance:

- I would like to donate a scholarship for Registration fees (all are 100% tax deductible!)
- I would like to help underwrite a social or service event for the Middle School Youth
- I would like to donate to Youth Ministry for a specific cause: _____

Other:

- Random acts of service as needed
- Other, specific offering?

For volunteering purposes, it would be really helpful to know if you are:

- Fingerprinted at Santa Clara, St. Francis (or another Parish/Parish School within the Diocese of Orange)
Yes No
Which location: _____
- Completed Safe Environment Training in the last three years? Yes No