## **Nativity of Our Lady Catholic Community**



Dear Families of Nativity of Our Lady,

I hope this finds you well and enjoying the end of a relaxing summer season.

As we look forward to welcoming many of our parish families back to our Religious Education Program, we feel it is critical to define our intention and expectations for all of our enrolled participants. Our religious formation programs for young people are predicated upon the assumption that these young people are attending Sunday mass on a regular basis. Catechesis of the Good Shepherd is designed to bring the Eucharistic liturgy to life- so that when the young person attends mass there is meaning and understanding to the entire experience. If you do not bring your children to mass, the entire religious formation experience is frustrated; the kids simply do not have a context for the gestures, scriptures and moments being described in our program and find it far more difficult to learn, through weekly observation and experience, the meaning of the moments of the liturgy.

Over the last few years, it has been our experience that those children who participated in faith formation, but did not regularly attend mass, have gone into their sacramental preparation feeling bewildered and overwhelmed by the unfamiliar ritual and atmosphere. This does not serve the children or the community. Therefore, it is our understanding that if you register your child for our program, it is your intention to be in regular attendance on Saturday evenings or Sunday mornings. If this is not possible or undesirable for any reason, I would strongly suggest you reconsider enrolling in religious education at Nativity of Our Lady at this time.

If you are able to commit to mass and to faith formation, I am confident your family faith life and our entire community will benefit from the full and rich experience we offer.

With respect, I am sincerely yours~

Fother Yoth Runnington

Father Matt Pennington,

Pastor

v. 2023-2024

**Nativity of Our Lady Catholic Community** 

221 Daly Avenue San Luis Obispo CA 93405 Phone 805.544.2357 Fax 805.544.6756 www.nativityslo.org

# Catechesis of the Good Shepherd

**Nativity of Our Lady Catholic Community** 

221 Daly Ave.

San Luis Obispo CA 93405 Phone: 805-544-2357

www.NativitySLO.org

Email us at: Catechesis@NativitySLO.org



## Religious Education for Children

The Catechesis of the Good Shepherd is an approach to the religious formation of children ages 3½ to 12 years old. The catechesis is based on the conviction that God and the child are in relationship. The child has a deep need to experience and a special capacity to enjoy the presence of God.

The children meet in the sacred space called the *Atrium*. Using a hands-on approach, children in the Catechesis of the Good Shepherd program get to participate in crafting and using the visual aids that tell the important stories of our faith, such as the ancient Jewish Temple and items used in the Mass. An offshoot of the Montessori method of learning, each year the students participate in a fresh set of activities that engage them in learning the important tenants of the Catholic faith.

There are three levels within the program based on age:

- Level 1: Ages 3½ through 5, focuses on the Mass and the important events in Jesus' life.
- Level 2: Ages 6 through 9, expands the themes covered in Level 1, while focusing on sacramental preparation for First Reconciliation and First Eucharist, usually celebrated in Second Grade.
- Level 3: Ages 9 through 12, focuses on the Old Testament.

he themes presented in the atrium are those to which the children have responded with depth and joy. These themes are taken from the Bible and the liturgy (prayers and sacraments) as the fundamental sources for creating and sustaining Christian life at every developmental stage and, in particular, for illuminating and nourishing the child in his/her most vital religious needs.

### Catechesis of the Good Shepherd registration is officially open for the 2022-2023 school year.

I couldn't be more excited. I am so grateful to witness the wonder and the faith your kiddos exhibit in the atria, and they are bound to make some new and neat associations this year, whether it's their first year or their eighth.

What is CGS? We are quite blessed at Nativity to have a Montessori-based environment which caters to a child's curiosity, interest, and need to exercise free-will and creative expression. In general, 15-30 minutes (total) of the meeting may be spent in instruction, group discourse, or prayer, while the kids spend approximately an hour practicing their newly learned skills, meditating at-task, or returning to lessons they appreciate from previous meetings. Facilitators expose the children to scripture directly from The Bible, show them the articles and gestures of mass, walk them across maps, and allow them to perfect many practical life skills which allow them to further understand and express their joy. We delight in knowing each child is already in a unique relationship to God, and enjoy watching that grow.

**LEVEL I** is an amazing space, available to any child aged 3-6 who is potty-trained and able to be away from his/her parent for a short time. Each lesson is short and age appropriate and children are free to explore their faith through prayer, art, song, and countless tactile-rich works throughout the space.

**LEVEL II** and **Sacramental Preparation** for First Reconciliation and First Communion starts at/after First Grade for all children who are ready. Most children are in 1<sub>st</sub> grade through 4<sub>th</sub> grade or between ages 6 and 10, but some can be older, if they are working on sacramental preparation or if they are not yet ready for the Level III environment. If yours are seeking Sacraments, they are expected to participate in two years of Level II as well as reflections, retreats and ceremonies in the second year.

**LEVEL III** is perfect for children ages 9-12 who have already received communion and are able to work, read and write more independently. The program is project based and focuses on the Old Testament and understanding how Jesus fulfills the prophecies. Our Parish also has an Edge Jr High Program, which is held Wednesdays 7-8:30pm, and some kids may be eligible for either. Feel at liberty to choose the program that works best for your child and family.

We are hoping you will feel moved to volunteer time this year. I have been fortunate to have remarkable help from parents throughout the years and, this year, I am hoping for your willingness more than ever. In order to provide these three levels of CGS, we need help from parents willing to receive training and be present in class to show works to children, from those preferring to assist, and from those willing to be placed on a substitute list in the event of Catechist illness. Parents with smaller children who remain on campus might be helpful as chaperones and campus monitors, ready to help if kids need to move to a different place on campus. If it isn't feasible to volunteer during meetings, due to work schedules, or other responsibilities, please consider signing up for the volunteer slots during Advent Family Event (12/3), Reconciliation Retreat and Ceremony (3/16/24), and Communion Retreat or Ceremony (4/25-4/27/24). I also have many handmade and computer generated materials to prepare through the year that could be sent home with directions if you (or a family member or neighbor) are a capable tracer, cutter, sewer, grinder, sander, painter, document editor or signup list coordinator. You get the idea! I wholeheartedly understand we all have different circumstances and abilities and promise to be grateful for whatever your family is able to offer/contribute. Please let me know how would like to help and contact me. Service Hours available for teens who need them.

Volunteers workingwith children should contact Deacon Tom O'Brien or me, Stephanie Purvis, to get a LiveScan form, a volunteer application and take the <a href="www.Virtusonline.com">www.Virtusonline.com</a> safe adult training. Volunteers taking work home will not have to do this. If you have already taken the Virtus testing, I ask that you please log in to assure your certification is current by accessing the training section and reading any of the update articles and/or volunteer requirements.

## 2023-2024 Religious Ed Calendar: Catechesis of the Good Shepherd & Edge

| September |    |    |    |    | 2  | 023 |
|-----------|----|----|----|----|----|-----|
| S         | M  | Т  | W  | Т  | F  | S   |
|           |    |    |    |    | 1  | 2   |
| 3         | 4  | 5  | 6  | 7  | 8  | 9   |
| 10        | 11 | 12 | 13 | 14 | 15 | 16  |
| 17        | 18 | 19 | 20 | 21 | 22 | 23  |
| 24        | 25 | 26 | 27 | 28 | 29 | 30  |

| Octo | 2  | 023 |    |    |    |    |
|------|----|-----|----|----|----|----|
| S    | M  | Т   | W  | Т  | F  | S  |
| 1    | 2  | 3   | 4  | 5  | 6  | 7  |
| 8    | 9  | 10  | 11 | 12 | 13 | 14 |
| 15   | 16 | 17  | 18 | 19 | 20 | 21 |
| 22   | 23 | 24  | 25 | 26 | 27 | 28 |
| 29   | 30 | 31  |    |    |    |    |

| Nov | 2  | 023 |    |    |    |    |
|-----|----|-----|----|----|----|----|
| S   | M  | Т   | W  | Т  | F  | S  |
|     |    |     | 1  | 2  | 3  | 4  |
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| 12  | 13 | 14  | 15 | 16 | 17 | 18 |
| 19  | 20 | 21  | 22 | 23 | 24 | 25 |
| 26  | 27 | 28  | 29 | 30 |    |    |

| December |    |    |    |    | 2  | 023 |
|----------|----|----|----|----|----|-----|
| S        | M  | Т  | VV | Т  | F  | S   |
|          |    |    |    |    | 1  | 2   |
| 3        | 4  | 5  | 6  | 7  | 8  | 9   |
| 10       | 11 | 12 | 13 | 14 | 15 | 16  |
| 17       | 18 | 19 | 20 | 21 | 22 | 23  |
| 24       | 25 | 26 | 27 | 28 | 29 | 30  |
| 31       |    |    |    |    |    |     |

| Janu | ıary |    |    |    | 2  | 024 |
|------|------|----|----|----|----|-----|
| S    | M    | Т  | W  | Т  | F  | S   |
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| 14   | 15   | 16 | 17 | 18 | 19 | 20  |
| 21   | 22   | 23 | 24 | 25 | 26 | 27  |
| 28   | 29   | 30 | 31 |    |    |     |

| Febi | ruary |    |           |    | 20 | 024 |
|------|-------|----|-----------|----|----|-----|
| S    | M     | Т  | $\bigvee$ | Т  | F  | S   |
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| 11   | 12    | 13 | 14        | 15 | 16 | 17  |
| 18   | 19    | 20 | 21        | 22 | 23 | 24  |
| 25   | 26    | 27 | 28        | 29 |    |     |
|      |       |    |           |    |    |     |

| Mar | ch |    |    |    | 20 | 024 |
|-----|----|----|----|----|----|-----|
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| 17  | 18 | 19 | 20 | 21 | 22 | 23  |
| 24  | 25 | 26 | 27 | 28 | 29 | 30  |
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| April |    |    |    |    | 2  | 024 |
|-------|----|----|----|----|----|-----|
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| 7     | 8  | 9  | 10 | 11 | 12 | 13  |
| 14    | 15 | 16 | 17 | 18 | 19 | 20  |
| 21    | 22 | 23 | 24 | 25 | 26 | 27  |
| 28    | 29 | 30 |    |    |    |     |
|       |    |    |    |    |    |     |

| May |    |    |    |    | 2  | 024 |
|-----|----|----|----|----|----|-----|
| S   | M  | Т  | VV | Т  | F  | S   |
|     |    |    | 1  | 2  | 3  | 4   |
| 5   | 6  | 7  | 8  | 9  | 10 | 11  |
| 12  | 13 | 14 | 15 | 16 | 17 | 18  |
| 19  | 20 | 21 | 22 | 23 | 24 | 25  |
| 26  | 27 | 28 | 29 | 30 | 31 |     |

Regularly Scheduled CGS

Tuesdays 3:45-5:15-Levels 1+2 3:45- 4:45 in September

Attend all if seeking sacraments

CGS Level 3

Some Sundays 9:15-10:45 +

EDGE Wednesdays 7-8:30pm\*

See Edge Schedule for extended evenings.

Special Religious Ed Events
Preparatory Parties

Rosaries, Etc.

All Levels Welcome/Encouraged

Those seeking 1st Reconciliation & Communion must attend.

Family Activities Open to Parish

Attend Holy Days With Family

## Sacramental Preparation Yr2

Events, retreats, reflections, and ceremonies open to and required for those seeking Sacraments of Reconciliation and First Holy Communion in Spring 2023. Students must be in their 2nd+ year of Level 2 or above and confirm eligibility.

## Important Dates

| Date     | Description                    |
|----------|--------------------------------|
| 9/10     | Jubilee 11 a.m. Mass & BBQ     |
| 9/16-17  | Ministry Fair - CGS Tables     |
| 9/18     | Registration Deadline          |
| 9/19     | First CGS Meeting I/II         |
| 9/23-24  | Mandatory Caregiver Meetings   |
|          | After Mass - RSVP Required     |
| 9/24     | First CGS Meeting III          |
| 10/27-29 | Fall Family Activity TBD       |
| 10/31    | No Meeting                     |
| 11/1     | All Saints Day Mass 9am/6pm    |
| 11/23    | Thanksgiving Morning Mass      |
| 12/3     | Family Advent Event 12pm/4pm   |
| 12/5     | Advent Prep Party - All Levels |
| 12/8     | Immaculate Conception of Mary  |
| 12/12    | CGS Hosted Rosary              |
| 12/24    | Christmas Eve Mass 4pm/8pm     |
| 12/25    | Christmas Mass 11am            |
| 2/11     | Family Lent Event              |
| 2/13     | CGS Lenten Prep Event          |
| 2/14     | Ash Wednesday                  |
| 3/28     | Holy Thursday                  |
| 3/29     | Good Friday                    |
| 3/30     | Holy Saturday                  |
| 3/31     | Easter                         |
| 5/9      | Ascension                      |
| 5/21     | Youth Run Prayer Service       |

# Catechesis of the Good Shepherd Sacramental Preparation Calendar 2023-2024

## **Nights of Reflection**

6-7:30 pm

Thursday, February 22, 2024\*

Thursday, February 29, 2024\*

Thursday, March 14, 2024\*

Thursday, March 28, 2024\*

Thursday, April 25, 2024\*

Parents are expected to participate in these meetings; for some you will be in a meeting with your children and for some you will be with a speaker, usually Father Matt or Deacon Tom.

Please do not arrive late. Our speakers will be prepared to start on time.

### First Reconciliation Retreat & Sacrament

Saturday, March 16, 2024\*

10 AM to 1:30 PM

Children Only from 10am-11:30am.

Families join 11:30am-1:30pm for break, ceremony and Sacrament.

#### First Communion Retreat & Sacrament

Retreat Friday April 26, 2024\* 5:00 pm - 7:00 pm

First Communion Mass Saturday, April 27, 2024\* 10:00 am

Reception to follow 11-12:00pm

#### **Children & Parents**

Children invited to wear their First Communion finery Sunday, April 28, 2024 for celebration of their next Eucharist with the parish community.

Every event is very important in preparing your child for both sacraments.

If your child misses any of the meetings it may become necessary to postpone receipt of the sacraments.

Please be PROMPT so we may begin and end on time.

<sup>\*</sup> To celebrate the sacraments, some of these activities must be completed in-person, If circumstances do not permit attendance or in-person gatherings on these dates, it is possible that these events will need to be postponed or rescheduled.



## 2023-2024 Registration for ages 3.5-18

| Catechesis of the Good Shepherd Level 1     | : Ages 3.5-6 /pre -K  |         | Tuesdays 3:45pm-5:15pm   |
|---------------------------------------------|-----------------------|---------|--------------------------|
| Child Name(s)                               | _,                    | ,       |                          |
| Catechesis of the Good Shepherd Level 2     | 2: Ages 6-9/1st - 4th | Grade   | Tuesdays 3:45pm-5:15pm   |
| Child Name(s)                               | _,                    |         |                          |
| Catechesis of the Good Shepherd Level 3     | 3: Ages 9-12 Grades   | 4-6th   | Some Sundays 9-10:45am   |
| Child Name(s)                               | _,                    | ,       |                          |
| Edge Junior High Ministry: Ages 11-14/6     | th-8th Grade          | We      | dnesdays 7:00pm-8:30pm   |
| Child(s) Name(s)                            |                       |         |                          |
| High School Confirmation                    | Select Sundays        | Ag      | es 14-19/ 9th-12th Grade |
| Child(s) Name(s)                            | ,,                    |         | ,                        |
| Sacraments - 1st Year (No Materials Fee)    |                       |         |                          |
| 1st Reconciliation & 1st Communion ( ≥      | 1st Grade)            |         |                          |
| Names                                       | _                     |         |                          |
| Sacraments - 2 (\$40 Materials Fee)         |                       |         |                          |
| 1st Reconciliation + 1st Communion ( $\geq$ | 2nd Grade)            | Confirm | ation (Sophomore+)       |
| Names                                       |                       |         |                          |

Date/Time Received \_\_\_\_\_

This Line for Office Use Only

Check Number \_\_\_\_\_

## REQUIRED DOCUMENTS & SUBMISSIONS TO BE REGISTERED IN PROGRAM

- + This Form
- + Nativity of Our Lady Parish Registration (updated yearly)
- + Diocese of Monterey Permission Waiver and Release
- + Copy of Baptismal Certificate if not already provided (for Sacramental prep)
- + Payment

## **STIPENDS**

1 Child: \$50.00 2 Children: \$75.00 3 or More Children: \$100.00

**2nd year** of First Reconciliation & First Eucharist or Confirmation we ask for an additional **\$40.00** per child to cover extra materials and staffing expenses.

Please make check payable to Nativity of Our Lady.

Please contact the appropriate program leader with any questions.

## IMPORTANT NOTES

It is our policy to follow the diocesan requirement of a 2 year sacramental preparation period during the ages/grade levels listed.

Those enrolling in religious education with the intention of receiving sacraments are expected to participate in regular session meetings and to attend all additional sacramental preparation meetings and ceremonies. Please consider the calendar carefully prior to registration.

\$100 max per family for religious education applies regardless of which age group or program your children are attending.

Sacramental preparation materials fee is per child in addition to stipends for regular courses.

Financial Assistance is Available, please contact Deacon Tom or program leader to discuss.

## CONTACTS

Catechesis of the Good Shepherd First Reconciliation Communion Stephanie Purvis Catechesis@NativitySLO.org Edge Jr High Ministry Karen O'Brien Edge@NativitySLO.org High School Youth Ministry Confirmation Katie Rose Segletes Katie.Walters@NativitySLO.org

THANK YOU FOR PARTICIPATING IN OUR YOUTH PROGRAMS AT NATIVITY OF OUR LADY.
WE ARE DEEPLY HONORED TO BE A PART OF YOUR FAMILY'S FAITH JOURNEY.

| Today's Date: _ |  |
|-----------------|--|
|-----------------|--|

| Ξnv | No. | : |  |
|-----|-----|---|--|
|     |     |   |  |

## Nativity of Our Lady Catholic Community

221 Daly Ave, San Luis Obispo CA 93405 Tel: 805-544-2357 / www.NativitySLO.org

Parish Registration / Update Form v. 8-16-2023

NOTE: IF YOU ARE REGISTERING FOR ANY RELIGIOUS EDUCATION PROGRAM FOR AGES 3.5 – 18, PLEASE ALSO COMPLETE A RELIGIOUS EDUCATION FORM.

| Family Information (this information is common to al                                                                                                                                                                                                                                                                 | I members of your household) |  |  |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|--|--|--|
| ☐ New Parish Registration ☐ Update Registration                                                                                                                                                                                                                                                                      | Family Email:                |  |  |  |
| FAMILY Name:                                                                                                                                                                                                                                                                                                         |                              |  |  |  |
| Address:                                                                                                                                                                                                                                                                                                             | Home Phone:                  |  |  |  |
| Address 2:                                                                                                                                                                                                                                                                                                           | City: ST: Zip:               |  |  |  |
| ☐ Please send us Contribution Envelopes OR ☐ Please send Please contact us about becoming involved in any of the following a ☐ Taking Communion to the Sick ☐ Prison / Restorative Justice C☐ Lector ☐ Eucharistic Minister ☐ Usher ☐ Music/Tech ☐ Li ☐ Children's Liturgy of the Word ☐ Seniors Outreach ☐ Bereaven | Outreach                     |  |  |  |
| Individual #1 Information (Complete information for eincluding minor children - see back or make copies for a                                                                                                                                                                                                        |                              |  |  |  |
| Circle one: Head of HH / Husband / Wife / Son / Daughter /                                                                                                                                                                                                                                                           | Maiden Name:                 |  |  |  |
| Guardian / Other:                                                                                                                                                                                                                                                                                                    | Birth Place:                 |  |  |  |
| First Name:                                                                                                                                                                                                                                                                                                          | Work Phone:                  |  |  |  |
| Last Name:                                                                                                                                                                                                                                                                                                           | Mobile Phone:                |  |  |  |
| Nick Name:                                                                                                                                                                                                                                                                                                           | Personal Email:              |  |  |  |
| Gender: M / F Date of Birth:                                                                                                                                                                                                                                                                                         | Current School Level:        |  |  |  |
| Primary Language:                                                                                                                                                                                                                                                                                                    | NOTES:                       |  |  |  |
| Any special needs?                                                                                                                                                                                                                                                                                                   |                              |  |  |  |
| Employer:                                                                                                                                                                                                                                                                                                            |                              |  |  |  |
| Individual's Sacramental Information                                                                                                                                                                                                                                                                                 |                              |  |  |  |
| Religion:                                                                                                                                                                                                                                                                                                            | Marital Status:              |  |  |  |
| Date Baptized:                                                                                                                                                                                                                                                                                                       | Church:                      |  |  |  |
| Date First Eucharist:                                                                                                                                                                                                                                                                                                | Church:                      |  |  |  |
| Date Confirmation:                                                                                                                                                                                                                                                                                                   | Church:                      |  |  |  |
|                                                                                                                                                                                                                                                                                                                      |                              |  |  |  |

| including minor children.)                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                           |  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| Circle one: Head of HH / Husband / Wife / Son / Daughter /                                                                                                                                                                                                                                                                                 | Any special needs?                                                                                                                                        |  |  |
| Guardian / Other:                                                                                                                                                                                                                                                                                                                          | Employer:                                                                                                                                                 |  |  |
| First Name:                                                                                                                                                                                                                                                                                                                                | Maiden Name:                                                                                                                                              |  |  |
| ast Name:                                                                                                                                                                                                                                                                                                                                  | Birth Place:                                                                                                                                              |  |  |
| Nick Name:                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                           |  |  |
| Gender: M / F Date of Birth:                                                                                                                                                                                                                                                                                                               | Mobile Phone:                                                                                                                                             |  |  |
| Primary Language:                                                                                                                                                                                                                                                                                                                          | Personal Email:                                                                                                                                           |  |  |
|                                                                                                                                                                                                                                                                                                                                            | Current School Level:                                                                                                                                     |  |  |
| ndividual's Sacramental Information                                                                                                                                                                                                                                                                                                        |                                                                                                                                                           |  |  |
| Religion:                                                                                                                                                                                                                                                                                                                                  | Marital Status:                                                                                                                                           |  |  |
| Date Baptized:                                                                                                                                                                                                                                                                                                                             | Church:                                                                                                                                                   |  |  |
| Date First Eucharist:                                                                                                                                                                                                                                                                                                                      | Church:                                                                                                                                                   |  |  |
| Date Confirmation:                                                                                                                                                                                                                                                                                                                         | Church:                                                                                                                                                   |  |  |
| ladicide al #2 Information (Complete information for                                                                                                                                                                                                                                                                                       | arch Active Designatoring March or of very barrached                                                                                                      |  |  |
|                                                                                                                                                                                                                                                                                                                                            | each Active Registering Member of your household,                                                                                                         |  |  |
| ncluding minor children.)                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                           |  |  |
| Circle one: Head of HH / Husband / Wife / Son / Daughter /                                                                                                                                                                                                                                                                                 | Any special needs?                                                                                                                                        |  |  |
| Circle one: Head of HH / Husband / Wife / Son / Daughter / Guardian / Other:                                                                                                                                                                                                                                                               | Any special needs?Employer:                                                                                                                               |  |  |
| Circle one: Head of HH / Husband / Wife / Son / Daughter / Guardian / Other:                                                                                                                                                                                                                                                               | Any special needs? Employer: Maiden Name:                                                                                                                 |  |  |
| circle one: Head of HH / Husband / Wife / Son / Daughter / Guardian / Other:                                                                                                                                                                                                                                                               | Any special needs? Employer: Maiden Name: Birth Place:                                                                                                    |  |  |
| Circle one: Head of HH / Husband / Wife / Son / Daughter / Guardian / Other:                                                                                                                                                                                                                                                               | Any special needs? Employer: Maiden Name: Birth Place: Work Phone:                                                                                        |  |  |
| Circle one: Head of HH / Husband / Wife / Son / Daughter / Guardian / Other:                                                                                                                                                                                                                                                               | each Active Registering Member of your household,  Any special needs?  Employer:  Maiden Name:  Birth Place:  Work Phone:  Mobile Phone:  Personal Email: |  |  |
| Circle one: Head of HH / Husband / Wife / Son / Daughter / Guardian / Other:                                                                                                                                                                                                                                                               | Any special needs? Employer: Maiden Name: Birth Place: Work Phone:                                                                                        |  |  |
| Circle one: Head of HH / Husband / Wife / Son / Daughter / Guardian / Other:                                                                                                                                                                                                                                                               | Any special needs?  Employer:  Maiden Name:  Birth Place:  Work Phone:  Mobile Phone:  Personal Email:                                                    |  |  |
| Circle one: Head of HH / Husband / Wife / Son / Daughter / Guardian / Other:                                                                                                                                                                                                                                                               | Any special needs?  Employer:  Maiden Name:  Birth Place:  Work Phone:  Mobile Phone:  Personal Email:  Current School Level:                             |  |  |
| Circle one: Head of HH / Husband / Wife / Son / Daughter / Guardian / Other:                                                                                                                                                                                                                                                               | Any special needs?  Employer:  Maiden Name:  Birth Place:  Work Phone:  Mobile Phone:  Personal Email:  Current School Level:  Marital Status:            |  |  |
| Individual #3 Information (Complete information for elincluding minor children.)  Circle one: Head of HH / Husband / Wife / Son / Daughter / Guardian / Other:  First Name: Last Name: Nick Name:  Gender: M / F Date of Birth:  Primary Language:  Individual's Sacramental Information  Religion:  Date Baptized:  Date First Eucharist: | Any special needs?                                                                                                                                        |  |  |

Please make copies of this side for additional members and attach to this registration form.

## **AUTHORIZATION FORM**

## **Nativity of Our Lady Church**

ES4813-0911

| FO                                                                                                                                                                                                                                                                                                               | R OFFICE USE ONLY                                                                                                                                                                                                                                        |                                                                                                                                 | ENVELOPE/DONOR #                                                                                                                                                       |       |                                   |      | DATE                                                      |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|-----------------------------------|------|-----------------------------------------------------------|
|                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                          |                                                                                                                                 |                                                                                                                                                                        |       |                                   |      |                                                           |
| Effe                                                                                                                                                                                                                                                                                                             | ective date of authorization: _                                                                                                                                                                                                                          |                                                                                                                                 |                                                                                                                                                                        |       |                                   |      |                                                           |
|                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                          | ew Authorization                                                                                                                |                                                                                                                                                                        |       | g information<br>ctronic donation |      |                                                           |
| Last Name                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                          |                                                                                                                                 |                                                                                                                                                                        |       | First Name                        |      |                                                           |
| Add                                                                                                                                                                                                                                                                                                              | dress                                                                                                                                                                                                                                                    |                                                                                                                                 |                                                                                                                                                                        |       |                                   |      |                                                           |
| City                                                                                                                                                                                                                                                                                                             | /                                                                                                                                                                                                                                                        |                                                                                                                                 |                                                                                                                                                                        |       | State                             |      | Zip                                                       |
|                                                                                                                                                                                                                                                                                                                  | TE OF DONATION :                                                                                                                                                                                                                                         |                                                                                                                                 | QUENCY OF DONATION: (a<br>Weekly – Mondays<br>Semi-Monthly – 1 <sup>st</sup> and 15 <sup>th</sup><br>Monthly on the 1 <sup>st</sup><br>Monthly on the 15 <sup>th</sup> | check | only one)                         |      | MDS AND AMOUNTS:  General/Operating \$ Other\$  Total  \$ |
| Please debit my donation from my (check one):  Savings Account (contact your financial institution for Routing #)  Checking Account (attach a voided check below)  I authorize the above church and Vanco Services, LLC to process of authority will remain in effect until I provide reasonable notification to |                                                                                                                                                                                                                                                          | Routing Number:  Valid Routing # must start with 0, 1, 2, or 3  Account Number:    1.1 23 4 5 5 7 8 9   1 23 4 23 4 5 5   000 1 |                                                                                                                                                                        |       |                                   |      |                                                           |
| СНЕСК                                                                                                                                                                                                                                                                                                            | I authorize the above church and Vanco Services, LLC to process debit entries to my account. I understand that this authority will remain in effect until I provide reasonable notification to terminate the authorization.  Authorized Signature: Date: |                                                                                                                                 |                                                                                                                                                                        |       |                                   |      |                                                           |
|                                                                                                                                                                                                                                                                                                                  | Please charge my donation to my (check one):                                                                                                                                                                                                             |                                                                                                                                 |                                                                                                                                                                        |       |                                   |      |                                                           |
|                                                                                                                                                                                                                                                                                                                  | Credit Card Number:                                                                                                                                                                                                                                      |                                                                                                                                 |                                                                                                                                                                        |       |                                   | Expi | ration Date:                                              |
| CARD                                                                                                                                                                                                                                                                                                             | Name on Card:                                                                                                                                                                                                                                            |                                                                                                                                 |                                                                                                                                                                        |       |                                   |      |                                                           |
| CREDIT CARD                                                                                                                                                                                                                                                                                                      | Billing Address (if different from above):                                                                                                                                                                                                               |                                                                                                                                 |                                                                                                                                                                        |       |                                   |      |                                                           |
| CRI                                                                                                                                                                                                                                                                                                              | I authorize the above church and Vanco Services, LLC to charge my credit card in accordance with the information above.  Signature (as it appears on the credit card):  Date:                                                                            |                                                                                                                                 |                                                                                                                                                                        |       |                                   |      |                                                           |

Please attach voided check over credit card section above if using checking account.

| E-mail Address: |
|-----------------|
|-----------------|

# Nativity of Our Lady <u>Catechesis of the Good Shepherd/Edge</u> Volunteer Interest Form for 2023-2024

At Nativity of Our Lady, we believe and understand that parents and families are always a child's first catechists. It is our hope that we can support, encourage and compliment our families on their faith journeys. We welcome adult and family participation and involvement and appreciate your commitment to the religious education and faith development of the children of our parish. Should you wish to participate in our program in some way, please submit this form and Nativity Staff will contact you to find out how we can work together! For more information, email <a href="mailto:catechesis@nativityslo.org">catechesis@nativityslo.org</a> or <a href="mailto:edge@nativityslo.org">edge@nativityslo.org</a>, or call 805-544-2357.

| Volunteer's Full Name                                                       |                                                                   | <del>-</del>                                                                                                                                                              |
|-----------------------------------------------------------------------------|-------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Address                                                                     |                                                                   |                                                                                                                                                                           |
| Phone                                                                       | Email                                                             | Circle Age: <18 / 18+                                                                                                                                                     |
|                                                                             | uired by the Diocese of Monterey                                  | re required to be trained and submit to a and as part of our commitment to keep all who                                                                                   |
| ,                                                                           | onment Training or its new replace                                | rey Diocese to work with children? YES / NO ement Virtus Training within 3 years? YES / NO ve not already received clearance.                                             |
| Do you know a child or children cu                                          | rrently enrolled in Catechesis o                                  | f the Good Shepherd or Edge at                                                                                                                                            |
| Nativity of Our Lady? If yes, who ar                                        | nd how?                                                           |                                                                                                                                                                           |
| Have you received any Catechesis                                            | of the Good Shepherd/Edge Tra                                     | ining? If so, please describe.                                                                                                                                            |
| -6 yrs), 3:45-5:15 Level II (ages 6 – 9 Preparation generally occurs on 5 1 | 9 yrs), and 5:30-6:30pm for Le<br>Thursday nights (March/April) a | held Tuesdays 3-3:45 pm for Level I (ages 3 ½ vel III (ages 9-12 yrs). Sacramental and Special Events are peppered through the kids grades 6-8, or age 11-14 and meets on |
| Please indicate where you would i                                           | most like to help:                                                |                                                                                                                                                                           |
| In the Atria with: Level I                                                  | Level II                                                          | Level III                                                                                                                                                                 |
| Sacramental Preparation                                                     | Special Events/Hospitality                                        | <br>Edge                                                                                                                                                                  |
|                                                                             |                                                                   | Providing Supplies                                                                                                                                                        |
|                                                                             |                                                                   | Calligraphy                                                                                                                                                               |
|                                                                             |                                                                   |                                                                                                                                                                           |
|                                                                             |                                                                   | necks or Room Sanitation                                                                                                                                                  |

Thank you for your interest and for offering your time and talent to our programs. We look forward to working together.

## 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.

| this document, from any claims that the parentyguardian may have against the DIOCESE OF MONTEREY.                                                                                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Activity/Event: NATIVITY OF OUR LADY RELIGIOUS ED AND RELATED YOUTH EVENTS                                                                                                                         |
| Starting Date: SEPTEMBER - JUNE                                                                                                                                                                    |
| Mode of Transportation: na                                                                                                                                                                         |
| 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                                                                                            |

OF MONTEREY.

My child/ren is/are physically fit and capable of participation in this event.

and its officers, agents, employees, from any and all liability relating to the above named activity.

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.

I agree and understand that transportation may be provided in such form and at the discretion of the DIOCESE

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.

I ALSO AGREE TO ALLOW DIOCESE OF MONTEREY TO PHOTOGRAPH/VIDEO MY CHILD/REN DURING THESE EVENTS AND TO USE SUCH LIKENESS FOR DIOCESE AND RELATED PROMOTION.

\*\*\*\*\*

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: |
|-------------------------------|-------|
| •                             |       |

| i lease provide the following.                                                                          |                                   |
|---------------------------------------------------------------------------------------------------------|-----------------------------------|
| Child's Name:                                                                                           |                                   |
|                                                                                                         | Male □ Female □                   |
| Child's Name:                                                                                           |                                   |
| Date of Birth:                                                                                          | Male □ Female □                   |
| Child's Name:                                                                                           |                                   |
| Date of Birth:                                                                                          | Male □ Female □                   |
| Allergies (foods, drugs, insects, e                                                                     | etc.)                             |
| Medications (name, dosage, reas                                                                         | son)                              |
| Other information (injuries) or spe                                                                     | ecial health/physical conditions: |
| Insurance Information:<br>Insurance Carrier (Dependent Co                                               | overage):                         |
| Name of Policy Holder:                                                                                  | Policy Number:                    |
| Persons Authorized to Pick-Up                                                                           | Children:                         |
| Name:                                                                                                   | Phone:                            |
| Name:                                                                                                   | Phone:                            |
| My Child/ren may walk home from<br>My Child may drive him/herself h<br>My Child requires a Child Safety | ome from this program. □          |
| Person(s) to notify in case of a                                                                        | n emergency:                      |
| Name:                                                                                                   |                                   |
| Day Phone Number(s)                                                                                     | Evening Phone Number(s)           |
| Name:                                                                                                   |                                   |
| Day Phone Number(s)                                                                                     | Evening Phone Number(s)           |
|                                                                                                         | Phone Number:Phone Number:        |

NOL 8-18-2023

Please provide the following