

SAINT MAXIMILIAN KOLBE CATHOLIC CHURCH

Faith Formation Program

5801 Kanan Rd. Westlake Village, CA 91362 • (818) 991-3915 • www.stmaxchurch.org



2022-2023 JUNIOR HIGH FAITH FORMATION REGISTRATION

Registration submissions must include the following:

1. Completed and signed registration form
2. Tuition fee of \$135.00 per child, payable by:
 - a. **Cash**
 - b. **Check** made out *to St. Maximilian Kolbe Catholic Church*
 - c. **Online** through Faith Direct by clicking on the link below
<https://membership.faithdirect.net/events/org/586>
3. Please note: No incomplete packet will be accepted.

SESSION DATES AND TIMES

We will meet in the Youth Room (above O'Reilly Hall) from 5:30pm-6:45pm on the following Tuesdays.

September 20
October 11 and 25
November 8 and 29
December 13
January 10 and 24
February 7
March 7 and 21
April 4 and 18
May 9

The following **MUST** be attached:

**✓ FEE or Faith Direct
Payment Receipt**

Please keep this page for your reference.

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STUDENT 1

Last Name

First Name

M/F

DOB (mo/d/yr)

Grade

School

LIVING ARRANGEMENTS

With both parents

with father

with mother

with guardian

Is there anything we should know about special living arrangements/custody, etc.?

Are there any medical conditions or allergies we should be aware of?

Does your student have any physical, mental, emotional, cognitive, or other limitations/restrictions we should know?

Church of Baptism

_____ City: _____ State: _____

Date of Baptism: _____

Church of First Holy Communion

_____ City: _____ State: _____

Date of First Holy Communion: _____

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STUDENT 2

Last Name

First Name

M/F

DOB (mo/d/yr)

Grade

School

LIVING ARRANGEMENTS

With both parents

with father

with mother

with guardian

Is there anything we should know about special living arrangements/custody, etc.?

Are there any medical conditions or allergies we should be aware of?

Does your student have any physical, mental, emotional, cognitive, or other limitations/restrictions we should know?

Church of Baptism

City: _____ State: _____

Date of Baptism: _____

Church of First Holy Communion

City: _____ State: _____

Date of First Holy Communion: _____

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FATHER/GUARDIAN INFORMATION

Last Name

First Name

Religion

Address

City/Zip

Email

Cell Phone

Home Phone

MOTHER/GUARDIAN INFORMATION

Address same as above.

Last Name

Maiden Name

First Name

Religion

Address

City/Zip

Email

Cell Phone

Home Phone

We, the parents, understand that by registering our student(s) for Faith Formation classes, we are making a commitment to **support St. Maximilian Kolbe parish**

through **regular financial contributions** and **volunteering**.

We are also committing as a family **to attend Mass each week** and for our children to **participate as required** in this program.

Parent/Legal Guardian Signature _____ Date _____

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MEDICAL RELEASE / PERMISSION FORM

STUDENT(S) FULL NAME(S) _____

By signing this document, I give permission for my child(ren) to participate in Faith Formation sponsored events and programs at St. Maximilian Kolbe Parish, whether conducted onsite or online.

I agree to direct my child(ren) to cooperate and to conform to the directions and instructions of the St. Maximilian Kolbe (SMK) Faith Formation personnel and volunteers in charge of activities, and I understand that transportation for my child(ren) to Faith Formation sponsored events will be provided by the participant's respective Parent/Guardian.

I also give permission for my child(ren) to be photographed at Faith Formation activities and possibly be posted on the St. Max website/social media, parish bulletin, or on posters at St. Max for present or future use.

I, the undersigned, hereby release St. Maximilian Kolbe, agents and representatives from all liability arising out of or in connection with all St. Maximilian Kolbe Faith Formation activities. For the purpose of this agreement, liability means all claims, demands, losses, causes or action, suits or judgments of any and every kind that I, my heirs, executors, administrators or assignees may have against St. Maximilian Kolbe, or that any other person or entity may have against St. Maximilian Kolbe because of death, personal injury, or illness, or because of any loss or damage to property that occurs during any activities and that results from any other cause other than negligence.

Should it be necessary for my child(ren) to require medical testing and/or treatment while participating in events sponsored by St. Maximilian Kolbe Faith Formation in which I (Parent/Legal Guardian) cannot be contacted, permission is hereby given to the St. Maximilian Kolbe personnel and volunteers to render medical treatment deemed necessary and appropriate by the physician. I understand that any insurance benefits that are active have limited application.

I have read and understand all the foregoing statements and agree to assume the responsibilities stated above.

Parent/Legal Guardian Signature _____ Date _____

EMERGENCY INFORMATION

Physician's Name and Office Number

Medical Insurance Carrier

Policy #

Group #

IF PARENT CANNOT BE REACHED IN AN EMERGENCY, PLEASE CONTACT:

Last Name

First Name

Relationship to Student

Cell Phone

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**"EMPOWERING GOD'S CHILDREN & YOUNG PEOPLE©" SAFETY PROGRAM
ARCHDIOCESE OF LOS ANGELES
"PERMISSION SLIP"**

TO: Parents or Guardians

FROM: St. Maximilian Kolbe Faith Formation Office

SUBJECT: "Empowering God's Children & Young People©" Safety Program

DATE: July 1, 2022

The Office of Safeguard the Children for the Archdiocese of Los Angeles is once again providing the "Empowering God's Children & Young People©" Safety Program to all schools, Religious Education Programs and Youth Ministry. The program focuses on empowering children and young people with the knowledge, understanding and tools they need to keep themselves safe from abuse.

The third year of this program, "Internet Safety" will be presented to our students during October to February. The lesson focuses on the importance of being safe and being aware of the dangers that can be encountered while on the internet. Each lesson includes video presentations, classroom discussions, individual and group activities, as well as a "Take Home Activity" for students to complete with a parent or guardian.

Also included is a lesson on Summer Safety to be presented at the end of each school year to remind our students to put "Safety First".

If you would like additional information regarding "Empowering God's Children & Young People©" Safety Program, or if you would like to review the materials/videos, please feel free to contact Maryann Heredia at mheredia@stmaxchurch.org or you may visit the Safeguard the Children website at www.archla.org/safeguard.

**ST. MAXIMILIAN KOLBE CATHOLIC CHURCH
PARENT PERMISSION SLIP FOR THE SAFETY PROGRAM**

I understand that this form must be completed and returned, in order for my child to participate in the "Empowering God's Children & Young People©" Safety Program class lesson. My signature below is authorization of my permission for my child's participation.

Child(ren)'s Full Name: _____

Parent's Full Name: _____

Parent's Signature: _____ **Date:** _____