



**SAINT CHRISTOPHER CATHOLIC CHURCH**  
**FAITH FORMATION PROGRAM - CHƯƠNG TRÌNH GIÁO LÝ**

629 S. Glendora Ave., CA 91790 \* ☎ (626) 960-1805 Ext. 203 \* email: faithformation@sccwestcovina.net

**VACATION BIBLE SCHOOL VOLUNTEER SIGN-UP FORM**  
*(for Junior High & High School Youth)*  
*(For Adult Volunteers, you only fill out your information)*

<b>FATHER</b>	Last Name/Tên Họ:		First Name/Tên Gọi:		Middle/Tên Đệm:		Religion:	
	Cell phone #:			Email:				<input type="checkbox"/> Deceased/Qua Đời
<b>MOTHER</b>	Last Name/Tên Họ:		First Name/Tên Gọi:		Middle/Tên Đệm:		Religion:	
	Cell phone #:			Email:				<input type="checkbox"/> Deceased/Qua Đời
<b>FAMILY</b>	Address/Địa Chỉ:					Primary phone # (will be used for text/calls):		
	City/Thành Phố:			Zip:		Home Phone #:		
	Parent's marital status/Tình Trạng Hôn Nhân: <input type="checkbox"/> Married/Kết Hôn <input type="checkbox"/> Divorced/Ly Dj <input type="checkbox"/> Separated/Ly Thân <input type="checkbox"/> Other ____					With whom does the child(ren) live/Học sinh sống với:		

<b>CHILD/HỌC SINH 1</b>	Saint Name/Tên Thánh:		Last Name/Tên Họ		First Name/Tên Gọi:		Middle/Tên Đệm:	
	Birth Date: (mm/dd/yy) / /			Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		Student Email:		
	T-shirt Size:			Grade in September:		Health/Special Needs: (Asthma or Allergies)		
	<b>OFFICE USE ONLY:</b>							

<b>CHILD/HỌC SINH 2</b>	Saint Name/Tên Thánh:		Last Name/Tên Họ		First Name/Tên Gọi:		Middle/Tên Đệm:	
	Birth Date: (mm/dd/yy) / /			Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		Student Email:		
	T-shirt Size:			Grade in September:		Health/Special Needs: (Asthma or Allergies)		
	<b>OFFICE USE ONLY:</b>							

<b>CHILD/HỌC SINH 3</b>	Saint Name/Tên Thánh:		Last Name/Tên Họ		First Name/Tên Gọi:		Middle/Tên Đệm:	
	Birth Date: (mm/dd/yy) / /			Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		Student Email:		
	T-shirt Size:			Grade in September:		Health/Special Needs: (Asthma or Allergies)		
	<b>OFFICE USE ONLY:</b>							

<b>CHILD/HỌC SINH 4</b>	Saint Name/Tên Thánh:	Last Name/Tên Họ	First Name/Tên Gọi:	Middle/Tên Đệm:
	Birth Date: (mm/dd/yy) / /	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Student Email:	
	T-shirt Size:	Grade in September:	Health/Special Needs: (Asthma or Allergies)	
	<b>OFFICE USE ONLY:</b>			

**EMERGENCY INFORMATION - TRƯỜNG HỢP KHẨN CẤP**

**Initial:** \_\_\_\_\_ In the event case of an emergency and I cannot be reached, I give St. Christopher Parish Personnel permission to use their judgment in obtaining medical service for my child (ren). It is understood that this authorization is given in advance of any specific diagnosis and is given in order to provide authority and power on the part of St. Christopher Faith Formation Staff to seek diagnosis, treatment or hospital care. I agree that in the event my child (ren) is injured as a result of his/her participation in the program, including transportation to and from, whether or not caused by the negligence, active or passive, of the parish, the Faith Formation program, or Archdiocesan activities or any of its agents or employees, recourse for the payment of any resulting hospital, medical, dental treatment or related costs and expenses will be first be had against any accident, hospital, medical or dental insurance or any available benefit plan of mine or spouse. I am not aware of any medical condition of my child (ren) which would render it inappropriate for him/her to participate in any activity. I am responsible for any uncertainties that may occur while my child (ren) is/are studying Catechism. This authorization will remain in effect until **August 2021** unless revoked sooner in writing and delivered to said St. Christopher Parish Personnel. *Trong trường hợp khẩn cấp, tôi cho phép Ban Điều Hành Giáo Lý lo việc cấp cứu cho con tôi.* In the event of major earthquake or other disaster, your child (ren) while on the parish grounds will only be released to a parent/guardian or those adults listed below. *Trong trường hợp khẩn cấp như khi có động đất hoặc các tai ương khác, con em của quý vị sẽ được giữ tại khu vực an định của Giáo Xứ. Tôi cho phép Ban Điều Hành Giáo Lý chỉ giao con/các con của tôi cho những người có tên dưới đây. Tôi chịu trách nhiệm mọi bất trắc có thể xảy ra trong khi (các) con tôi học Giáo Lý.*

<b>Emergency</b>	Name:	Relationship to child/ Liên hệ với học sinh:	Phone #:
	Name:	Relationship to child/ Liên hệ với học sinh:	Phone #:

**AUTHORIZE FOR PHOTOGRAPHS & RECORDINGS - CHO PHÉP CHỤP HÌNH & QUAY PHIM**

**Initial:** \_\_\_\_\_ I hereby authorize the participation and inclusion of my child (ren) in the recording of said event through the use of photographs, motion pictures, videotapes, recording, or other memorializing. I further authorize the publication and duplication of any recordings that include image of my child (ren). I understand that any such recording is the property of St. Christopher Catholic Church and hereby waive any rights to compensation or any other rights regarding the recording of the event. *Tôi cho phép Ban Điều Hành chụp hình, quay video, hoặc ghi nhận những hình ảnh sinh hoạt của Chương Trình Giáo Lý mà con tôi tham dự, cũng như quyền được in ấn xuất bản sau này. Tôi sẽ không đòi hỏi quyền lợi, thù lao, hoặc giới hạn việc sử dụng những hình ảnh này.*

**DIGITAL CONSENT AND LIABILITY RELEASE FORM**

**Initial:** \_\_\_\_\_ I understand that as parent or guardian, I am responsible for supervising the suitability of my child's/children's online access, communication and the 'home' setting (wherever distance learning is taking place outside of school). This includes ensuring children have a quiet, safe space from which to meet (in an appropriate room), are wearing appropriate clothing, and that there are no age-inappropriate or unlicensed background noises visuals or moving images. I understand that only my child(ren) will join the meeting, and that adults and other children will not be permitted to partake without prior agreement by all parties. Parents are encouraged to supervise (but not appear on screen). Each meeting will end at the teacher's discretion.

**ASSUMPTION OF THE RISK AND WAIVER OF LIABILITY RELATING TO COVID-19**

**Initial:** \_\_\_\_\_ I acknowledge and understand the risk of exposure of COVID-19 to myself (parent and/or student). I agree to protect others and myself by wearing masks and keep social distancing (6 feet). I agree if myself (parent and/ or student) experience any symptoms I will stay at home and contact the Faith Formation Administration office of St. Christopher Church. I understand I am responsible to read the "Assumption of the Risk and Waiver of Liability Relating to COVID-19" given to me online/ in-person.

<b>Parent's / Guardian's Signature</b> Chữ ký Phụ Huynh	<b>Parent's / Guardian's Name (PRINT)</b> Tên Phụ Huynh	<b>Relationship to child</b> Liên hệ với học sinh	<b>Date</b> Tháng/Ngày/ Năm
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**TRAINING DAYS**  
**JULY 18 from 1:00pm – 3:00pm**  
**AUGUST 1 from 11:00am – 4:00pm**  
**VBS DAYS**  
**August 2 – August 6 from 8:00am – 2:00pm**