



Welcome to St. Luke Religious Education,

Registration for St. Luke the Evangelist Catholic Community Religious Education 2025/2026 will begin June 1, 2025. You can only access the registration materials through our website.

[www.stluketemplecity.org](http://www.stluketemplecity.org). All forms are fillable.

### ***How to Register***

#### Step one

- Download the 2025-2026 Program Packet. Fill out forms online.
- Print them and sign them where indicated.
- Please provide a copy of your child's Baptismal Certificate
- A deposit of \$50.00 must be received with each registration.

You can make a deposit by cash, check, or you can pay by credit/debit card through our online giving. Go to our website [www.stluketemplecity.org](http://www.stluketemplecity.org) click on "Make a Donation" (Picture of St. Luke Statue) Enter the amount next to the FEES-Religious Education fee payments only Tab.

*I will be notified via email of your deposit/payment.*

#### Step Two

- Place registration forms in an envelope.
- Take them or mail them to the Pastoral Office:  
St. Luke the Evangelist Catholic Community  
Attn: Religious Education  
5605 Cloverly Ave, Temple City, CA 91780
- or scan and email them to [Francisco@stluketemplecity.org](mailto:Francisco@stluketemplecity.org) if using online giving option.
- or bring them to church on June 1<sup>st</sup>, 8<sup>th</sup>, & 22<sup>nd</sup> where we will have a table accepting registrations after 8:30am and 10:30am Masses. Early registration discount will be applied.

Once the registration materials and deposit are received you will be contacted by the Religious Education Office.

If you have any question call/email Kerrin Fuller

Thank you for your interest in our Religious Education Program. We are blessed to accompany you and your family on your faith journey.

God Bless,

Francisco Adauto  
Confirmation Coordinator  
626 291-5900 Ext 229  
213 681-6451

[Francisco@stluketemplecity.org](mailto:Francisco@stluketemplecity.org)



# **ST. LUKE CATHOLIC COMMUNITY 2025-2026**

## **RELIGIOUS EDUCATION Program Description PRESCHOOL, FAMILY CATECHESIS, ADULT/TEEN CONFIRMATION**

### **FAMILY CATECHESIS**

Calendared Sunday mornings 11:30am – 1:00pm

Preschool (Ages 3, 4, and 5 years old) \*

Beginning (1<sup>st</sup> grade, 2<sup>nd</sup> grade, 3<sup>rd</sup> grade) First year of RE

Continuing (4<sup>th</sup> grade, 5<sup>th</sup> grade, 6<sup>th</sup> grade & 3<sup>rd</sup> grade if they have celebrated  
First Holy Communion)

Middle School (7<sup>th</sup> grade & 8<sup>th</sup> grade)

Sac Elementary (2<sup>nd</sup> grade)

Sac HS/MS (7<sup>th</sup>, 8<sup>th</sup>, 9<sup>th</sup>, 10<sup>th</sup>, 11<sup>th</sup>, 12<sup>th</sup>)

Adults and Adult Confirmation (21 years or older)

First class: You will receive an email.

\*Child must be 3 yrs. old by September 1, 2025

\*Child must be able to use restrooms on their own

**ADULT CONFIRMATION** (21 Years or older) See Family Catechesis

### **CONFIRMATION (Teens)**

**YEAR I** (9<sup>th</sup> Grade)

**YEAR II** (10<sup>th</sup> or 11<sup>th</sup> grade must have completed Year 1)

You will receive an email with the dates and times of your sessions.

**Calendars for the above-mentioned programs will be found on our parish website [www.stluketemplecity.org](http://www.stluketemplecity.org).**

All registration forms can be accessed through our website [www.stluketemplecity.org](http://www.stluketemplecity.org)

Religious Education registration forms can be mailed to the Pastoral Office or dropped in the office mailbox. Forms must be received by September 10th.

Upon receipt of all forms and deposits you will be contacted.

Make checks payable to St. Luke RE or make payments thru our online giving program using Religious Education Tuition.

If there is any questions regarding registration or program fees, please contact the RE office 626 291-5900 or email

Francisco@stluketemplecity.org

Class size is limited.

Please note: We have ONE registration form for an entire family.

*Fees reflect the amount per child the parish pays to run these programs.  
(Books, classroom materials, insurance and emergency supplies)*

Family Catechesis	\$175.00 per Family
Adult/Teen Confirmation	\$100.00 per Student

### **Sacramental Fees**

*Fees reflect additional supplies necessary for sacrament.*

1<sup>st</sup> Communion & YR II Confirmation fee: \$100.00 per student

### **Confirmation Retreat**

*Fees reflect necessary supplies for Retreat.*

*(Religious Materials, Meals & Transportation when necessary)*

YR I	\$160.00 per student
YR II	\$250.00 per student

**\$50.00 Non-Refundable deposit** required at time of registration; this deposit will be applied to registration fees. A schedule of remaining payments should be arranged with the RE department before the first day of class.

**\$25.00** fee will be assessed for all non-parishioners.

**\$50.00** Late Fee to be applied for those registering after September 1, 2025.

**You are responsible for any bank charges due to return checks, insufficient funds, or credit card reversal fees.**

### **To Register for St. Luke Religious Education Programs:**

Complete all necessary forms:

- Registration Form
- Emergency Release Form Photo permission, TTS, Emergency contact
- Parish Registration
- A copy of students Baptismal Certificate
- A copy of First Communion Certificate for those registering for Confirmation

For those in Confirmation YR 2/Adult Confirmation the following is required at time of registration

- Confirmation Sponsor Eligibility Form if not turned in during YR. 1

### **Meetings**

A mandatory Sacramental Parent meeting for those registering for Communion will be held in the fall.

A mandatory Parent/Teen information Session for those attending Confirmation will be held in the fall. Dates and times for meetings will be emailed to you.

**St. Luke the Evangelist Catholic Community**  
*Religious Education*  
**Family Catechesis; Adult/Teen Confirmation**

**GENERAL REGISTRATION INFORMATION**

**PARENT OR GUARDIAN INFORMATION**

Father or Guardian First and Last Name		Email
Address	City	Zip Code
Home Phone #	Work Phone #	Cellphone #
Mother or Guardian First and Last Name		Email
Address (if different)	City	Zip Code
Home Phone #	Work Phone #	Cellphone #

**INFORMATION FOR CHILD OR YOUTH #1**

First Name	Middle Initial	Last Name	Male Female
Cellphone #	Date of Birth	Age	
Name of School	City	Grade	

**Do you have any of the following documents for your child/youth? If yes, please attach a copy of the document(s) to this form.**

Birth Certificate	Yes <input type="checkbox"/>	Baptismal Certificate	Yes <input type="checkbox"/>	1 <sup>st</sup> Comm. Certificate	Yes <input type="checkbox"/>
	No <input type="checkbox"/>		No <input type="checkbox"/>		No <input type="checkbox"/>

**What is the last Year of Religious Education your child has attended?** \_\_\_\_\_

**Living Arrangements /** \_\_\_\_\_ With both Parents / ☐ With Father / ☐ With Mother / ☐ With Guardian / ☐

**Are there any custody issues or a restraining order in place?** Yes ☐ No ☐

If "yes", enclose a copy of the most recent applicable court order(s).

Given the nature of the program, does your child or youth have any physical, mental, emotional, cognitive, or other limitations or restrictions that would require the parish to make a minor adjustment to enable your child or youth to participate? Yes ☐ No ☐

If "yes", what type of restriction does your child or youth have or what adjustment(s) will be needed?


## INFORMATION FOR CHILD OR YOUTH #2

First Name	Middle Initial	Last Name	Male Female
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Cellphone #	Date of Birth	Age
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Name of School	City	Grade
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**Do you have any of the following documents for your child/youth? If yes, please attach a copy of the document(s) to this form.**

Birth Certificate	Yes <input type="checkbox"/>	Baptismal Certificate	Yes <input type="checkbox"/>	1 <sup>st</sup> Comm. Certificate	Yes <input type="checkbox"/>
	No <input type="checkbox"/>		No <input type="checkbox"/>		No <input type="checkbox"/>

**What is the last Year of Religious Education your child has attended?** \_\_\_\_\_

**Living Arrangements /** With both Parents / ☐ With Father / ☐ With Mother / ☐ With Guardian / ☐

**Are there any custody issues or a restraining order in place?** Yes ☐ No ☐

If "yes", enclose a copy of the most recent applicable court order(s).

Given the nature of the program, does your child or youth have any physical, mental, emotional, cognitive, or other limitations or restrictions that would require the parish to make a minor adjustment to enable your child or youth to participate? Yes ☐ No ☐

If "yes", what type of restriction does your child or youth have or what adjustment(s) will be needed?

## INFORMATION FOR CHILD OR YOUTH #3

First Name	Middle Initial	Last Name	Male Female
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Cellphone #	Date of Birth	Age
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Name of School	City	Grade
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**Do you have any of the following documents for your child/youth? If yes, please attach a copy of the document(s) to this form.**

Birth Certificate	Yes <input type="checkbox"/>	Baptismal Certificate	Yes <input type="checkbox"/>	1 <sup>st</sup> Comm. Certificate	Yes <input type="checkbox"/>
	No <input type="checkbox"/>		No <input type="checkbox"/>		No <input type="checkbox"/>

**What is the last Year of Religious Education your child has attended?** \_\_\_\_\_

**Living Arrangements /**                      With both Parents / ☐    With Father / ☐    With Mother / ☐    With Guardian / ☐

**Are there any custody issues or a restraining order in place?**    Yes ☐    No ☐

If "yes", enclose a copy of the most recent applicable court order(s).

Given the nature of the program, does your child or youth have any physical, mental, emotional, cognitive, or other limitations or restrictions that would require the parish to make a minor adjustment to enable your child or youth to participate? Yes ☐                      No ☐

If "yes", what type of restriction does your child or youth have or what adjustment(s) will be needed?

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#### **INFORMATION FOR CHILD OR YOUTH #4**

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First Name	Middle Initial	Last Name	Male <input type="checkbox"/>
			Female <input type="checkbox"/>

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Cellphone #	Date of Birth	Age
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Name of School	City	Grade
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**Do you have any of the following documents for your child/youth? If yes, please attach a copy of the document(s) to this form.**

Birth Certificate	Yes <input type="checkbox"/>	Baptismal Certificate	Yes <input type="checkbox"/>	1 <sup>st</sup> Comm. Certificate	Yes <input type="checkbox"/>
	No <input type="checkbox"/>		No <input type="checkbox"/>		No <input type="checkbox"/>

**What is the last Year of Religious Education your child has attended?** \_\_\_\_\_

**Living Arrangements /**                      With both Parents / ☐    With Father / ☐    With Mother / ☐    With Guardian / ☐

**Are there any custody issues or a restraining order in place?**    Yes ☐    No ☐

If "yes", enclose a copy of the most recent applicable court order(s).

Given the nature of the program, does your child or youth have any physical, mental, emotional, cognitive, or other limitations or restrictions that would require the parish to make a minor adjustment to enable your child or youth to participate? Yes ☐                      No ☐

If "yes", what type of restriction does your child or youth have or what adjustment(s) will be needed?

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**PARENT OR GUARDIAN SIGNATURE**

**DATE**

By signing this document, I give permission for my child/children/youth to participate in this faith formation program, whether conducted onsite or online.

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**PARENT/GUARDIAN RELEASE FOR STUDENT OR MINOR  
(NONCOMMERCIAL)**

***This section to be completed by the Archdiocesan entity sponsoring the activity:***

**Name of Location:**        ***St. Luke the Evangelist Catholic Community Religious Education***  
Family Catechesis-Adult or Teen Confirmation

The Location intends to use your child's image, name, voice and/or work for noncommercial purposes relating to the event(s) or activity(ies) identified below.

**Description of events/activities to which this Release applies:**

Calendared classes/Retreats

\_\_\_\_\_ via Zoom

\_\_\_\_\_ PowerPoint presentations

\_\_\_\_\_ Google Classroom

**Duration of Release:**    ***September 2025- June 2026***

***This section to be completed by Parent/Guardian:***

I, \_\_\_\_\_ am the parent/guardian of  
\_\_\_\_\_, a minor.

I hereby authorize the Location to use the following personal information about my child:  
(Please initial the applicable boxes)

**Image:** ☐ yes ☐ no **Voice:** ☐ yes ☐ no **Name:** ☐ yes ☐ no **Work:** ☐ yes ☐ no

I understand and agree that my child's image, voice, name and/or work ("Personal Information") relating to the events or activities described above will be used for noncommercial purposes, including, but not limited to, publicity, exhibits, electronic media broadcasts or research. I understand and agree that my child's Personal Information may be copied, edited and distributed by the Location in publications, catalogues, brochures, books, yearbooks, magazines, exhibits, films, videotapes, CDs, DVDs, email messages, websites, or any other form now known or later developed ("Materials").

The Location may use the Personal Information at its sole discretion, with or without my child's name or with a fictitious name, and with accurate or fictitious biographical material. The Location will not use the Personal Information for improper purposes or in a manner inconsistent with the teachings of the Roman Catholic Church.

I waive any right to inspect or approve any Materials that may be created using Personal Information now and in the future. In exchange for the opportunity given to my child by the Location to participate in the activity, I agree that neither I, nor my child, will receive monetary compensation, royalties, or credit. I understand and agree that the Location shall be the owner of all right, title and interest, including copyright, in the photographs, electronic recordings and Materials. If the Location intends to use the Materials for a commercial purpose, I will be provided at that time with information about the terms of the commercial use.



I hereby waive, release and forever discharge any and all claims, demands, or causes of action against the Location and its affiliated entities, employees, agents, contractors and any other person, organization, or entity assisting them with the photography, electronic recording or Materials, for damages or injuries in any way related to, or arising from the photography, electronic recording or Materials, or the use of the Personal Information, and I expressly assume the risk of any resulting injury or damage.

I further understand and agree that this Authorization remains in effect until it is withdrawn in writing. I understand that if I change my mind about this Authorization, I will submit another, new authorization form to the Location. However, my new authorization will not have the effect of revoking this Authorization, and the Location will have no duty or obligation to make any changes or alterations to any Materials that may have been prepared based on this Authorization.

I represent that I have read this Authorization, understand the contents and am able to grant the rights and waivers it contains. I understand that the terms of this Authorization are contractual and not mere recitals. I am signing this document freely and voluntarily.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Cellphone: \_\_\_\_\_

Email: \_\_\_\_\_

Name of Child: \_\_\_\_\_ Age: \_\_\_\_\_

Name of Child: \_\_\_\_\_ Age: \_\_\_\_\_





**St. Luke the Evangelist Catholic Community**  
*Religious Education*

**Emergency Information Form**

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Family Name

**If a parent or guardian can't be reached in an emergency, please contact::**

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First and Last Name	Phone #	Relationship to child or youth
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First and Last Name	Phone #	Relationship to child or youth
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First and Last Name	Phone #	Relationship to child or youth
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First and Last Name	Phone #	Relationship to child or youth
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**List any medical condition which restricts physical activity or requires special attention or minor adjustments. Include conditions such as asthma or allergies (e.g. peanuts, bee stings, etc.) If none, please indicate "none".**

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Does your child or youth take any medications?

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## Earthquake or Disaster Release

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Name of Child or Youth #1

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Name of Child or Youth #2

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Name of Child or Youth #3

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Name of Child or Youth #4

This section below must be completed by a parish staff or leader, in the event of an earthquake or other disaster.

The child/children listed above was/were released to:

Name: \_\_\_\_\_

Date & Time: \_\_\_\_\_ ID Verification \_\_\_\_\_

Location to where the child(ren) or youth was taken:

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Parish staff or leader releasing the child:

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### Parent or Guardian Signature

By signing this form, I understand that the parish does not assume responsibility for payment of physicians. However, in an emergency the parish may choose a physician. In an emergency, I give the parish permission to have my child(ren) or youth receive medical treatment.

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Signature

Date

**Empowering God's Children and Young People©**  
**Permission Slip**  
**2025-2026**

**To: Parent or Guardian**

**From: St. Luke the Evangelist Catholic Community Religious Education**

**Subject: Empowering God's Children and Young People© Safety Program**

We at [St. Luke the Evangelist Catholic Community Religious Education] are committed to your child's safety and well-being. There are daily reports of child abuse, both sexual and other forms in our society. Therefore, we recognize how important it is to "empower" our children and young people with the knowledge and understanding of ways to keep themselves and others safe from potential harm.

The *Empowering God's Children and Young People© Safety Program* is provided by the Archdiocese of Los Angeles as an ongoing effort to educate children and young people through classroom lessons and activities on ways to maintain their own personal safety. It is based on catechetical principals to help them know they are loved by God and that He wants them to be healthy and safe.

The *Empowering God's Children and Young People© Safety Program* will be presented to our students during the month of **November**. Each lesson includes video presentations, classroom discussion, individual and group activities, as well as a "Take Home Activity" for students to complete with a parent/guardian.

Parents/guardians seeking additional information regarding this program or who would like to review the materials/videos, please feel free to contact **us 626 291-5900**



**St. Luke the Evangelist Catholic Community Religious Education**  
***Empowering God Children and Young People© Safety Program***  
**Parent Permission Slip**  
**2025-2026**

I understand that for my child to participate in the *Empowering God's Children and Young People© Safety Program*, I need to fill out and return this Parent Permission Form. I am specifically giving permission for the ***Empowering God Children and Young People© Safety Program*** to be presented to my child.

Child's Name (printed): \_\_\_\_\_

Parent/Guardian Name (printed): \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_