

# ST. BEDE THE VENERABLE PARISH RELIGIOUS EDUCATION PROGRAM

215 Foothill Boulevard, La Cañada, CA 91011  
(818)949-4323 • Fax (818) 790-0699 • [www.bede.org](http://www.bede.org)

Dear Parents:

Attached you will find registration materials for the 2010-11 school year.

As you may know, *The Edge* is a program designed for 7<sup>th</sup> and 8<sup>th</sup> graders, as they are on “the edge” of one stage of life and moving all-too-quickly towards the next. While, at times, 7<sup>th</sup> and 8<sup>th</sup> graders may be opposed to the idea, the continuation of their religious education is so important during these years, and I thank you for making their spiritual growth a priority for your family.

In *The Edge*, there are two religious education classes offered per month and a third session to be held on a weeknight evening. The evening session is called “Edge Night” and all 7<sup>th</sup> and 8<sup>th</sup> graders are invited, including those who attend St. Bede School or another private school. Each Edge Night will cover a new topic, such as peer pressure and Catholic social justice and will use music, drama, games and small faith sharing to present the subject matter of the evening.

I am so happy to be with your family as the children move towards yet another sacrament, Confirmation. **As we publicized last year, beginning this year, participation in *The Edge* will be a prerequisite for enrolling in our Confirmation Year I program to ensure continuity through the program.** As Catholics, when we baptized our children, we made a promise to God, family and friends, to educate our children in our faith. We're here to help you keep that promise.

Please complete the Registration, Emergency, Family Commitment and Teaching Touching Safety forms and return them to our offices by May 25, 2010. Registrations received after May 25 will incur a \$25 late charge. Registration packets will also be available on line at [www.bede.org](http://www.bede.org), in the PREP Office, Parish Center and the vestibule of the Church.

Please feel free to contact us should you have any questions and/or concerns.

Blessings to you,

Moira Arjani  
Director of Religious Education

St. Bede ~ A Catholic Community ~ Here to Worship, Called to Serve

**Parish Religious Education Program (PREP) Registration Form**  
**Junior High ~ The Edge**  
**St. Bede the Venerable ~ 2010-11 School Year**

**Section 1  
General  
Information**

Student Name: \_\_\_\_\_ M \_\_\_\_\_ F  
 Address: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Primary E-Mail: \_\_\_\_\_ @ \_\_\_\_\_  
 Birth Date: \_\_\_\_\_ School \_\_\_\_\_ Grade in Fall '10 \_\_\_\_\_

**Section 2  
Religious  
Information**

Baptism Date: \_\_\_\_\_ \*\*Certificate On File: \_\_\_\_\_  
 Church: \_\_\_\_\_ Address: \_\_\_\_\_  
 Eucharist Date: \_\_\_\_\_ \*\*Certificate On File: \_\_\_\_\_  
 Church: \_\_\_\_\_ Address: \_\_\_\_\_  
 \*\*Copies of original certificates must be on file in the PREP Office

**Section 3  
Parent/  
Guardian  
Information**

Parent (Father)/ Guardian Information

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Home phone: \_\_\_\_\_  
 Work phone: \_\_\_\_\_  
 Cell phone: \_\_\_\_\_  
 Religion: \_\_\_\_\_  
 Marital Status: M D S W

Parent (Mother)/ Guardian Information

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Home phone: \_\_\_\_\_  
 Work phone: \_\_\_\_\_  
 Cell phone: \_\_\_\_\_  
 Religion: \_\_\_\_\_  
 Marital Status: M D S W  
 Maiden Name: \_\_\_\_\_

**Section 4  
Class Times  
and  
Fee  
Information**

Class Time: Sunday 10:15am—11:30am (meets twice a month with a once-a-month social/fellowship event)  
 Fees: \$ 85.00 per student, per year, registered parishioner  
 \$150.00 per student, per year, unregistered parishioner

Make checks payable to St. Bede and return to:  
 St. Bede PREP  
 The Edge  
 215 Foothill Boulevard  
 La Canada, CA 91011

For Office Use Only

Date Received: \_\_\_\_\_ By: \_\_\_\_\_  
 Amount Paid: \_\_\_\_\_  
 Cash \_\_\_\_\_  
 Check # \_\_\_\_\_

**PLEASE FILL OUT ONE PER FAMILY**

**Parish Religious Education Program**  
 St. Bede The Venerable  
 Emergency/Earthquake Information  
 This form must be on file in our office.

Family's Last Name: \_\_\_\_\_

Family Information						
Home Phone:	Home Address		City	Zip:		
Mother's Name:						
Mother's Work #:	Mother's Cell #:					
Mother's Occupation	Employer:		Hours of Employment:			
Father's Name:						
Father's Work #:	Father's Cell #:					
Father's Occupation:	Employer:		Hours of Employment:			
Children live with: (Circle one)	Both parents	Mother only	Father only	Mother/Stepfather	Father/Stepmother	
Student Information						
Child 1	Last Name:	First Name:	Middle Name	M/F	Birthdate	Grade:
Are there any special medical conditions we should be aware of?						
Child 2	Last Name:	First Name	Middle Name:	M/F	Birthdate:	Grade:
Are there any special medical conditions we should be aware of?						
Child 3	Last Name:	First Name:	Middle Name:	M/F	Birthdate:	Grade:
Are there any special medical conditions we should be aware of?						
Child 4	Last Name:	First Name:	Middle Name:	M/F	Birthdate:	Grade:
Are there any special medical conditions we should be aware of?						
Emergency Contact Information						
Name:	Relationship:		Address:		Phone #:	
Name:	Relationship:		Address:		Phone #:	
Health Insurance Information						
Insurance Company:	Group #:		Subscriber:			
Doctor's Name:	Phone #:		Address:			
Dentist's Name:	Phone #:		Address:			

I understand that the school does not assume responsibility for payment of physician. However, in a medical/disaster emergency, the Office of Religious Education may choose a physician. In an emergency, I give the Office of Religious Education permission to have my child receive medical treatment.

Signature: \_\_\_\_\_  
 (Parent/Guardian)

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

**Earthquake/Disaster Release Information  
(To be filled out by PREP Staff only)**

Earthquake/Disaster Release Information			
1. Student Name:	Was released to:	Date:	Time:
Location to where the child was taken:			
Parish Religious Education Program personnel releasing child:			
2. Student Name:	Was released to:	Date:	Time:
Location to where the child was taken:			
Parish Religious Education Program personnel releasing child:			
3. Student Name:	Was released to:	Date:	Time:
Location to where the child was taken:			
Parish Religious Education Program personnel releasing child:			
4. Student Name:	Was released to:	Date:	Time:
Location to where the child was taken:			
Parish Religious Education Program personnel releasing child:			

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Family Commitment Form

Each family will be asked to lend a hand around our PREP office in a variety of ways. Parents can donate a total of three hours of time in the office, purchase \$25 worth of supplies from our Wish List or buy out their responsibility by issuing a check to PREP for \$30.

Please call me to volunteer to chaperone on/off campus events:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Dates in which you are able to help on Sunday from 10:15-11:30am

Our family will purchase \$25 worth of supplies from the Wish List \_\_\_\_\_

Our family will "buy out" our commitment with a \$30 donation \_\_\_\_\_

Family Name \_\_\_\_\_ Parent Signature \_\_\_\_\_

**VIRTUS “Teaching Touching Safety” Children’s Program**  
**Archdiocese of Los Angeles**  
**“Permission Slip”**

**TO: Parents**

**FROM: St. Bede PREP**

**SUBJECT: Opportunity to allow your child to participate in the abuse prevention program**

St. Bede PREP will present an abuse prevention program, the *Touching Safety* program, to our students during the 2010-11 school year. The creators of the *Protecting God’s Children*™ program developed the *Touching Safety* program, which is provided to us by the Archdiocese of Los Angeles. This is a part of our ongoing effort to help create and maintain a safe environment for children and to protect all children from any type of abuse.

As a parent, you have the right to choose whether your student participates. A printed guide regarding this important program is available in the PREP office. Please complete the permission slip at the bottom of this page and return it to the PREP Office no later than the beginning of classes, September, 2010.

For more information visit the VIRTUS *Online*™ website at [www.virtus.org](http://www.virtus.org).

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**Permission form for use with the *Touching Safety* program:**

I am allowing my child to participate in the Protecting God’s Children “Touching Safety Program” and am specifically requesting that St. Bede PREP present the program to my child whose name is:

\_\_\_\_\_.

Parent’s name (printed): \_\_\_\_\_

Parent’s Signature: \_\_\_\_\_

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

Should you have any questions regarding this program,  
please contact Moira Arjani at 818-949-4323 or [moira@bede.org](mailto:moira@bede.org)



# Wish List

To keep program expenses to a minimum, we're is always in need of some additional supplies.

We are always in need of:

Pencils

Scissors

Colored Markers

Blue, Black and Red Pens

"Forever" Postage Stamps

Paper Napkins/Paper Towels

Sturdy Paper Plates

Sturdy Plastic Cups

Plastic forks, knives and spoons

Used Magazines for art projects

Call if you have any questions 949-4322

or e-mail [scarlette@bede.org](mailto:scarlette@bede.org)

Thank you for your generosity!!!!