



ST. CECILIA CATHOLIC CHURCH
A LIVING SIGN OF GOD'S SAVING WORD

ALTAR SERVER MINISTRY REGISTRATION FORM

Head Coordinator: Quan Pham
Assistant Coordinator: María Dolores Ramirez

PARENT/GUARDIAN INFORMATION - Información de los Padres

Name Nombre (First, Middle, & Last)		Mobile Phone Number Número de Teléfono
Email Address Correo Electrónico		Home Address Dirección
City Ciudad	State Estado	Zip Code Código Postal
Primary Language (Parents) Lenguaje Primario Para Padre y Madre		

SERVER INFORMATION – Información de los Monaguillos

Name	DOB (MM/DD/YYYY)
School Grade (Grado Escolar) Primary Language (Lenguaje Primario) Gender (Sexo) Baptized (Bautizado) Received FHC (Recibido la Primera Comunión)	Have you altar served before? ¿Has servido el altar antes? Number of Years ¿Cuántos años?

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MINISTRY EXPECTATIONS – Expectativas de Ministerio

To arrive at least 20 minutes prior to Mass	<input type="checkbox"/> I understand
Contact your respective community lead at least 48 hours in advance if you unavailable to serve due to valid reasoning such as illness, family vacation, etc.	<input type="checkbox"/> I understand
Maintain a mature, prayerful, attentive, and focused attitude before, during, and after Mass	<input type="checkbox"/> I understand
Attend seasonal training sessions in preparation for the liturgical seasons (Christmas, Lent, Holy Week, etc.)	<input type="checkbox"/> I understand
May be requested if available to substitute other servers at other Mass times due to shortages in numbers or other pastoral reasons	<input type="checkbox"/> I understand
May be requested if available to serve other liturgical functions including, but not limited to Baptisms, Eucharistic Adoration, Funeral Masses, Wedding Masses, and other special events	<input type="checkbox"/> I understand
To receive customary stipends (\$20.00) for their assistance for Funeral and Wedding Masses	<input type="checkbox"/> I understand
Respond in a timely manner to all ministry communications and requests	<input type="checkbox"/> I understand

HEALTH DATA - Datos de Salud

Name	
Allergies	Chronic/Serious Illnesses, Learning, or Behavior Difficulties



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Please initial for the following clauses:

PERMISSION TO PARTICIPATE

____ I do hereby give my permission for my child(ren)'s to participate in St. Cecilia's activities. I agree to direct my child to cooperate and conform to directions and instruction of St. Cecilia's personnel. I hereby discharge the Diocese of Orange and St. Cecilia from any and all claims for personal injuries or property damage that my child(ren) may suffer as a result of participating in the activities at St. Cecilia, whether or not such injuries or damage are caused by the negligence, active, or passive. I am not aware of any medical condition of my child(ren) that would render it inappropriate to participate in activities.

MEDICAL EMERGENCY

____ I hereby give consent to St. Cecilia to have my child(ren) treated with minor first aid and/or paramedics as the need arises. I grant permission to St. Cecilia to take whatever steps may be necessary to obtain medical care if warranted. In the event that I cannot be reached, I also give consent to St. Cecilia to secure emergency x-ray examination anesthetic, medical, or surgical diagnostic, or treatment at any accredited hospital at the time of an emergency medical situation for my child(ren). This authorization will remain in effect unless revoked in writing and delivered to said agent(s).

SAFETY ENVIRONMENT TRAINING

____ I agree to allow my child(ren) to attend the Safety Education Program according to the guideline of the Diocese of Orange. The session schedule and the content are to be presented in the Program Booklet given at the time of Registration. I understand that I also have the right to opt out my child(ren), and not to attend this session.

MEDIA RELEASE

____ I hereby authorize the making of photographs, motion pictures, videotapes, recording, or other memorializing of said event and my child's participation there in, and the publication and duplication or other use thereof. I hereby waive any rights to compensation or any right that I otherwise might have to limit if to control such making or use.

EMERGENCY INFORMATION - Información de Emergencia

____ In the event of major earthquake or other disaster, your child(ren) will be held on the parish grounds and only released to a parent/guardian or those adults listed below:

Full Name		
Relationship to Child(ren)	Phone Number (Número de Teléfono)	Email - Correo Electrónico

Full Name		
Relationship to Child(ren)	Phone Number (Número de Teléfono)	Email - Correo Electrónico

INITIAL I hereby give consent for these persons to take my/our child(ren) home if I am unable to do so. I have notified each of them regarding this permission. I have informed my child(ren) that they have permission to be released to the above named person(s).

Parent/Guardian Name _____

Signature _____ **Date** _____

ONCE COMPLETE – SUBMIT TO PARISH OFFICE OR SCAN & EMAIL TO QUAN PHAM