ATRIUM REGISTRATION FORM FOR 2025-2026

Level I (3-6 Years Old), Level II (6-9 Years Old), and Level III (9-12 Years Old) Registration Deadline: Received by August 31, 2025

	CONTACT INFORMATI	ION							
	Parents' Names:	Parish:							
	Address: Street Address City ZIP								
	STREET ADDRESS Phone Numbers: () (PRIMARY (please specify) ALTERNA		() ALTERNATE 1) () 2 (please specify)			
	Email:			EMAIL 2					
	EMAIL 2 CHILD/ATRIUM INFORMATION								
	Level I Atrium: Wednesdays from 4 p.m. to 6 p.m. OR Weekday morning from 9:30am to 11:30am								
Level II Atrium: Thursdays from 4 p.m. to 6 p.m. September 11, 2025 Level III Atrium:									
	Child's Name (For more than 3 children, print additional sheets or write	in Auturn. days from 4 p.m. to 6 p. Birth Date ⁰	m. S Baptism Date	Level (I, II, or III; if I, please specify which sessions are possible, including which	Allergies/Other Information	Is this child registered for any other catechism program?	Has this chi received First Holy		
	the info. on the back of this form.)	(MM/DD/YYYY)	(MM/DD/YYYY)	weekday mornings)	(Attach separate sheet if necessary.)	If so, where?	Communion		
1.									
2. 3.									
<u>o.</u>	° New Level I children should have turned 3 years old by September 1, 2025. All children must be potty trained. New 3-year-olds may be subject to a trial period. Level II and III children must have attended Level I for at least 1 year or have received permission to register. EMERGENCY CONTACT INFORMATION (OTHER THAN PARENTS; THESE PEOPLE MAY PICK UP CHILD FROM ATRIUM)								
	Name:	Relationship:							
	Phone Numbers: _	() PRIMARY (please specify) ALTERNATE (please specify)							
	Backup Name:	Relationship:							
	Phone Numbers: _	() PRIMARY (please specify) ALTERNATE (please specify)							
	OTHER PERSONS AUTHORIZED TO PICK UP CHILD FROM ATRIUM (OTHER THAN EMERGENCY CONTACTS)								
	Name:	Relationship:							
	Name:	Name: Relationship:							

MONETARY DONATION

A minimum donation of **\$100 per child** is requested in order to support the operation of the atrium. While there is no fee or charge for participation in the atrium, we rely on donations to cover such expenses as materials, supplies, utilities, and insurance.

Donations are requested together with the submittal of this registration form. We offer three options:

1. Send an electronic payment through Zelle, if available through your bank:

Recipient email: admin@voxpastoris.org

Business name: Vox Pastoris

- 2. Mail a check made out to Vox Pastoris to the address listed at the bottom of this page.
- 3. Bring cash to the first day of atrium, in an envelope labeled with your child's name.

Please check one of the following:					
 I made a donation payment through Zelle. I understand that it is nonrefundable. □ Please deposit my cash/check donation as soon as possible. I understand that it is nonrefundable. □ Please wait to deposit my cash/check donation until after the first week of atrium. □ I will wait to make a donation until I determine that the atrium is a good fit for our family. □ I will not be making a donation at this time for the following reason: 					
Additional financial contributions will be gladly accepted, which will serve to grow the atrium and support those who cannot afford to donate the minimum requested contribution. All donations to Vox Pastoris are tax deductible. OTHER PARENT CONTRIBUTIONS					
OTHER LAKENT CONTRIBUTIONS					
In addition to monetary donations, parents are encouraged to contribute to the success of the atrium in other ways. Please indicate which of the following ways you can contribute this year:					
 Making new materials as needed (examples: painting, sewing, calligraphy, woodwork) Occasionally serving as an assistant in the atrium Bringing flowers to the atrium Cutting out paper pieces for collage work 					
ACKNOWLEDGEMENTS					
 I have read, I understand, and I agree to abide by the policies of Vox Pastoris found at www.voxpastoris.org under "Policies." I have signed the attached Liability Release. 					
Signature of Parent or Legal Guardian Printed Name Date					
Oignature of Faront of Logar Oddraidin - Frinted Name - Date					

16501 Midfield Lane Cerritos, CA 90703

Vox Pastoris

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amount described above. Mail the completed materials to:

Please enclose this form, the attached Liability Release, and (if applicable) a monetary donation in the

LIABILITY RELEASE

l,	_ ("Parent"), acknowledge that
("Homeowner"). I hereby agree that I, no representatives will not make a claim agree that I agreementatives will not make a claim agreements for injury or damage resulting find director, employee, agent, or contractor the catechesis. I forever release Homeof demands that I, my assignees, heirs, no hereafter have for injury or damage relations agreement and fully understand its of the second	will participate in catechesis conducted tax-exempt organization, at property owned by Portia Joseph ny assignees, heirs, next of kin, spouse and legal gainst, sue, or attach the property of Homeowner or Vox rom the negligence or other acts, however caused, by any of Homeowner or Vox Pastoris related to our participation in owner and Vox Pastoris from any and all action, claims or ext of kin, spouse and legal representatives now have or may ted to our participation in the catechesis. I have carefully read contents. I am aware that this is a release of liability and a ter and/or Vox Pastoris, and sign it of my own free will.
Executed in Los Angeles / Orange	County, California, on
Signature of Parent or Legal Guardian:	