



**St. Charles Religious Education  
Youth Communion Requirements  
2016-2017 BASIC FORMATION/FIRST YEAR**

1. Attend classes regularly on Tuesday evening.
  - a. Each session is 6:00 pm-7:30 pm.
  - b. No more than 3 absences will be accepted throughout the school year.
2. Attend Sunday Mass (or Saturday Vigil) weekly and on Holy Days of Obligation  
"One of the ten commandments is remember to keep holy the sabbath day. Six days you may labor and do all your work, but the seventh day is the sabbath of the Lord, your God. No work may be done then...in six days the Lord made the heavens and the earth, but on the seventh day he rested. That is why the Lord has blessed the sabbath day and made it holy" (Exodus 20:8-10).
3. Attend the Triduum Masses on Holy Thursday, Good Friday, and Easter Vigil.
4. Be an active participant in Church Community Life.
5. Catechesis focusing on the Sacraments.
6. Parents MUST attend all sessions noted on Class Schedule. Signature Verification of attendance is required.

I have read these requirements and understand what is expected of me in order to complete the 1<sup>st</sup> year of Sacrament preparation for the Sacraments of Reconciliation and Holy Communion. I understand that if these requirements are not met I will be asked to repeat the year.

\_\_\_\_\_  
Name of Teen                      Teen signature                      Date

I have read these requirements and understand what is expected of my teen in order to complete the 1<sup>st</sup> year of Sacrament preparation for the Sacraments of Reconciliation and Holy Communion. I understand that if these requirements are not met I will be asked to repeat the year. By signing below, I am committed to the task of sharing my faith with my child by participating in the required events and most especially attending Sunday Mass.

\_\_\_\_\_  
Name of Parent or Guardian                      Parent or Guardian Signature                      Date



**St. Charles Religious Education  
Youth Communion Requirements  
2016-2017 BASIC FORMATION/FIRST YEAR**

**PARENT COPY**

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\_\_\_\_\_  
Name of Teen

\_\_\_\_\_  
Teen signature

\_\_\_\_\_  
Date

I have read these requirements and understand what is expected of my teen in order to complete the 1<sup>st</sup> year of Sacrament preparation for the Sacraments of Reconciliation and Holy Communion. I understand that if these requirements are not met I will be asked to repeat the year. By signing below, I am committed to the task of sharing my faith with my child by participating in the required events and most especially attending Sunday Mass.

\_\_\_\_\_  
Name of Parent or Guardian

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date

**PHOTO/VIDEO/MEDIA RELEASE**

This release authorizes St. Charles Parish, located in the City of San Diego, California, within the Roman Catholic Diocese of San Diego, its employees, representatives and/or volunteers, to photograph/video tape:

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Print Students Full Name Here

for the purposes of marketing and/or promoting the interests of the Parish Youth Group, including the use of said photographs/video in printed materials, parish websites, and other visual display and/or media.

I understand that such photos/recordings will be used for parish-related purposes, but will not be used for any other commercial purposes whatsoever. Therefore, I consent to and authorize the photographing, videotaping or otherwise recording of my child and I also waive any and all rights I or my child may have for remuneration of any kind, which could otherwise accrue as a result of the use of such photographs/video recordings.

I also understand that I have the right to revoke this release agreement at any time, by advising the Parish in writing by letter directed to the Pastor of my intent to revoke.

\_\_\_\_\_ Check here if you DO NOT AUTHORIZE release of photos/video.

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Signature

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Date

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Print Name Here

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Print Address

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Email

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Phone