



Dear Families of Nativity of Our Lady,

I hope this finds you well and enjoying the end of a relaxing summer season. As we prepare to resume our Religious Education Programs for the fall season it appears critical to define our intention and expectation for all our enrolled families. It has come to our attention that many families in the past considered The Edge to take the place of mass attendance. All of our religious formation programs for young people are predicated upon the assumption that these young people are attending Sunday mass on a regular basis.

While our Edge program for middle school/junior high children is not a Sacramental preparation program, it does weave the concepts of Liturgy and the Sacraments of Initiation throughout the year, blended with fun exercises and games. As a result, it would be enriching for the Edge students to experience the mass with their families on a regular, if not weekly basis.

We feel strongly about the quality of our program and want your child to have the best and most rewarding formation in the faith. It is therefore our understanding that if you register your child for our program, it is your intention to be in attendance regularly on Saturday evenings or Sunday mornings. If this is not possible or undesirable for any reason, I would strongly suggest you consider a program in another parish.

With respect, I am sincerely yours~

Father Matt Pennington,
Pastor

v. 2023-24 Edge

Nativity of Our Lady Catholic Community

221 Daly Avenue
San Luis Obispo CA 93405
Phone 805.544.2357
Fax 805.544.6756
www.nativityslo.org

The Edge for Junior High Teens

Nativity of Our Lady Catholic Community

221 Daly Ave.

San Luis Obispo CA 93405

Phone: 805-544-2357

www.NativitySLO.org

Email us at: Edge@NativitySLO.org



Fun & Relevant Faith Formation for Young Teens

What is The Edge Program?

Edge is a multi-year program developed for junior high school to continue important religious education training for these important, formative years. Filled with fun, hands-on activities, each week the teens explore a relevant topic while learning about their faith.

Edge programs include the following areas of focus:

- Scripture
- Our Creed
- The Church
- Sacraments
- Prayer
- Social Justice

Give me an Example of an Edge Evening

Parents drop off their teens at 7 PM at the church. A parent also provides snacks. The parents leave, and the teens and adult leaders engage them in an ice-breaker, then a hands-on activity, and a short presentation followed by some role-playing or an activity outside to reinforce the message. Then we have snacks. The ninety minutes goes quickly and the teens are ready to go home with more of the Christian message in their hearts!

Call the church office at 805-544-2357 and ask to talk to someone about joining the Edge program, or email: Edge@NativitySLO.org.

Example: The goal of the *Edge Night on Technology* is for the young people to explore the role of technology in their lives, recognize the impact it has on us—especially in the way we communicate—and to identify ways that we can use technology (and especially social media) in moderation.

The night starts with each small group creating a “Catholic app.” The night continues with a short video about the ways we are connected online and via social media. The teaching breaks open the topic further so that in small groups the young people can talk and reflect on the pros and cons their technology and media use. The night ends with some “Face Time” with God in the church sanctuary and then snacks.

(Source: Edge curriculum)

2023-2024 Religious Ed Calendar: Catechesis of the Good Shepherd & **Edge**

September 2023

S	M	T	W	T	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

October 2023

S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

November 2023

S	M	T	W	T	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30		

Date Description

9/18 Registration Deadline

EDGE DATES

2023

9/20 First Night of EDGE!

9/27 Edge Social Night 6:00pm - 8:30

10/4, 10/11, 10/18 EDGE Night

10/25 Edge Social Night 6:00pm - 8:30

11/8, 11/15 EDGE Night

11/29 Edge Social Night 6:00pm - 8:30

12/6 EDGE Night

12/13 Edge Social Night 6:00pm - 8:30

2024!

1/17, 1/24 EDGE Night

1/31 Edge Social Night 6:00pm - 8:30

2/21 EDGE Night

2/28 Edge Social Night 6:00pm - 8:30

3/6, 3/13 Edge Night

3/20 Edge Social Night 6:00pm - 8:30

4/10, 4/17 EDGE Night

4/24 Edge Social Night 6:00pm - 8:30

5/1, 5/8, 5/15 EDGE Night

5/22 EDGE End Of Year Celebration!

December 2023

S	M	T	W	T	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

January 2024

S	M	T	W	T	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

February 2024

S	M	T	W	T	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29		

March 2024

S	M	T	W	T	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

April 2024

S	M	T	W	T	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30				

May 2024

S	M	T	W	T	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

Regularly Scheduled CGS

Tuesdays 3:45-5:15-Levels 1+2

Those seeking sacraments are expected to attend.

Family Activities Open to Parish

Attend Holy Days With Family

Special Religious Ed Events

Preparatory Parties

Rosaries, Etc.

All Levels Welcome/Encouraged

Those seeking 1st Reconciliation & Communion must attend.

EDGE Nights:

Wednesdays 7:00-8:30pm

Edge Social Nights*:

Last scheduled Wednesday each month 6:00-8:30pm

*Edge Social Nights start 1-hour early to accommodate a movie or activity and a meal. Some nights may include family, or community service. Youth will be involved in choosing events.

NATIVITY OF OUR LADY

CATHOLIC COMMUNITY

2023-2024 Registration for ages 3.5-18

Catechesis of the Good Shepherd Level 1: Ages 3.5-6 /pre -K **Tuesdays 3:45pm-5:15pm**

Child Name(s) _____, _____, _____

Catechesis of the Good Shepherd Level 2: Ages 6-9/1st - 4th Grade **Tuesdays 3:45pm-5:15pm**

Child Name(s) _____, _____, _____

Catechesis of the Good Shepherd Level 3: Ages 9-12 Grades 4-6th **Some Sundays 9-10:45am**

Child Name(s) _____, _____, _____

Edge Junior High Ministry: Ages 11-14/6th-8th Grade **Wednesdays 7:00pm-8:30pm**

Child(s) Name(s) _____, _____, _____

High School Confirmation **Select Sundays** **Ages 14-19/ 9th-12th Grade**

Child(s) Name(s) _____, _____, _____

Sacraments - 1st Year (No Materials Fee)

1st Reconciliation & 1st Communion (\geq 1st Grade)

Names _____

Sacraments - 2 (\$40 Materials Fee)

1st Reconciliation + 1st Communion (\geq 2nd Grade)

Confirmation (Sophomore+)

Names _____

Please see the reverse side of this form for additional information and review program-specific schedules for exact meeting times and dates prior to enrolling. Thank you.

This Line for Office Use Only

Date/Time Received _____

Check Number _____

REQUIRED DOCUMENTS & SUBMISSIONS TO BE REGISTERED IN PROGRAM

- + This Form
- + Nativity of Our Lady Parish Registration (updated yearly)
- + Diocese of Monterey Permission Waiver and Release
- + Copy of Baptismal Certificate if not already provided (**for Sacramental prep**)
- + Payment

STIPENDS

1 Child: **\$50.00**

2 Children: **\$75.00**

3 or More Children: **\$100.00**

2nd year of First Reconciliation & First Eucharist or Confirmation we ask for an additional **\$40.00** per child to cover extra materials and staffing expenses.

Please make check payable to **Nativity of Our Lady**.

Please contact the appropriate program leader with any questions.

IMPORTANT NOTES

It is our policy to follow the diocesan requirement of a 2 year sacramental preparation period during the ages/grade levels listed.

Those enrolling in religious education with the intention of receiving sacraments are expected to participate in regular session meetings and to attend all additional sacramental preparation meetings and ceremonies. Please consider the calendar carefully prior to registration.

\$100 max per family for religious education applies regardless of which age group or program your children are attending.

Sacramental preparation materials fee is per child in addition to stipends for regular courses.

Financial Assistance is Available, please contact Deacon Tom or program leader to discuss.

CONTACTS

Catechesis of the Good Shepherd
First Reconciliation Communion
Stephanie Purvis
Catechesis@NativitySLO.org

Edge Jr High Ministry
Karen O'Brien
Edge@NativitySLO.org

High School Youth Ministry
Confirmation
Katie Rose Segletes
Katie.Walters@NativitySLO.org

**THANK YOU FOR PARTICIPATING IN OUR YOUTH PROGRAMS AT NATIVITY OF OUR LADY.
WE ARE DEEPLY HONORED TO BE A PART OF YOUR FAMILY'S FAITH JOURNEY.**

Today's Date: _____

Env No. : _____

Nativity of Our Lady Catholic Community
 221 Daly Ave, San Luis Obispo CA 93405 Tel: 805-544-2357 / www.NativitySLO.org
Parish Registration / Update Form v. 8-16-2023

**NOTE: IF YOU ARE REGISTERING FOR ANY RELIGIOUS EDUCATION PROGRAM FOR AGES 3.5 – 18,
 PLEASE ALSO COMPLETE A RELIGIOUS EDUCATION FORM.**

Family Information (this information is common to all members of your household)

New Parish Registration Update Registration

Family Email: _____

FAMILY Name: _____

Emergency Mobile Phone: _____

Address: _____

Home Phone: _____

Address 2: _____

City: _____ ST: _____ Zip: _____

Please send us Contribution Envelopes OR Please send us info on donating automatically through checking or credit card
Please contact us about becoming involved in any of the following ministries: After Mass Food/Hospitality Prayer Shawl
 Taking Communion to the Sick Prison / Restorative Justice Outreach Pregnancy Center Homeless/Prado Outreach
 Lector Eucharistic Minister Usher Music/Tech Liturgical Environment Altar Linens Altar Server
 Children's Liturgy of the Word Seniors Outreach Bereavement Ministry Religious Education

Individual #1 Information (Complete information for each Active Registering Member of your household, including minor children - see back or make copies for additional space).

Circle one: Head of HH / Husband / Wife / Son / Daughter /

Maiden Name: _____

Guardian / Other: _____

Birth Place: _____

First Name: _____

Work Phone: _____

Last Name: _____

Mobile Phone: _____

Nick Name: _____

Personal Email: _____

Gender: M / F Date of Birth: _____

Current School Level: _____

Primary Language: _____

NOTES:

Any special needs? _____

Employer: _____

Individual's Sacramental Information

Religion: _____

Marital Status: _____

Date Baptized: _____

Church: _____

Date First Eucharist: _____

Church: _____

Date Confirmation: _____

Church: _____

Individual #2 Information (Complete information for each Active Registering Member of your household, including minor children.)

Circle one: Head of HH / Husband / Wife / Son / Daughter /
Guardian / Other: _____
First Name: _____
Last Name: _____
Nick Name: _____
Gender: M / F Date of Birth: _____
Primary Language: _____

Any special needs? _____
Employer: _____
Maiden Name: _____
Birth Place: _____
Work Phone: _____
Mobile Phone: _____
Personal Email: _____
Current School Level: _____

Individual's Sacramental Information

Religion: _____
Date Baptized: _____
Date First Eucharist: _____
Date Confirmation: _____

Marital Status: _____
Church: _____
Church: _____
Church: _____

Individual #3 Information (Complete information for each Active Registering Member of your household, including minor children.)

Circle one: Head of HH / Husband / Wife / Son / Daughter /
Guardian / Other: _____
First Name: _____
Last Name: _____
Nick Name: _____
Gender: M / F Date of Birth: _____
Primary Language: _____

Any special needs? _____
Employer: _____
Maiden Name: _____
Birth Place: _____
Work Phone: _____
Mobile Phone: _____
Personal Email: _____
Current School Level: _____

Individual's Sacramental Information

Religion: _____
Date Baptized: _____
Date First Eucharist: _____
Date Confirmation: _____

Marital Status: _____
Church: _____
Church: _____
Church: _____

Please make copies of this side for additional members and attach to this registration form.

AUTHORIZATION FORM

Nativity of Our Lady Church

ES4813-0911

FOR OFFICE USE ONLY	ENVELOPE/DONOR #	DATE
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Effective date of authorization: _____

Type of Authorization Form:

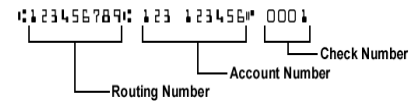
<input type="checkbox"/> New Authorization	<input type="checkbox"/> Change banking information
<input type="checkbox"/> Change donation amount	<input type="checkbox"/> Discontinue electronic donation
<input type="checkbox"/> Change donation date	

Last Name	First Name
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Address

City	State	Zip
------	-------	-----

DATE OF DONATION : _____/_____/_____	FREQUENCY OF DONATION: (check only one) <input type="checkbox"/> Weekly – Mondays <input type="checkbox"/> Semi-Monthly – 1 st and 15 th <input type="checkbox"/> Monthly on the 1 st <input type="checkbox"/> Monthly on the 15 th	FUNDS AND AMOUNTS: <input type="checkbox"/> General/Operating \$ _____ <input type="checkbox"/> Other _____ \$ _____ <p style="text-align: right;">Total \$ _____</p>
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CHECKING / SAVINGS	Please debit my donation from my (check one): <input type="checkbox"/> Savings Account (contact your financial institution for Routing #) <input type="checkbox"/> Checking Account (attach a voided check below)	Routing Number: _____ Valid Routing # must start with 0, 1, 2, or 3 Account Number: _____ 
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I authorize the above church and Vanco Services, LLC to process debit entries to my account. I understand that this authority will remain in effect until I provide reasonable notification to terminate the authorization.

Authorized Signature: _____ Date: _____

CREDIT CARD	Please charge my donation to my (check one): <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> Discover Card						
	<table style="width:100%;"> <tr> <td style="width:60%;">Credit Card Number:</td> <td>Expiration Date:</td> </tr> <tr> <td colspan="2">Name on Card:</td> </tr> <tr> <td colspan="2">Billing Address (if different from above):</td> </tr> </table>	Credit Card Number:	Expiration Date:	Name on Card:		Billing Address (if different from above):	
Credit Card Number:	Expiration Date:						
Name on Card:							
Billing Address (if different from above):							
	I authorize the above church and Vanco Services, LLC to charge my credit card in accordance with the information above.						
	Signature (as it appears on the credit card): _____ Date: _____						

Please attach voided check over credit card section above if using checking account.

E-mail Address: _____

Nativity of Our Lady
Catechesis of the Good Shepherd/Edge
Volunteer Interest Form for 2023-2024

At Nativity of Our Lady, we believe and understand that parents and families are always a child's first catechists. It is our hope that we can support, encourage and compliment our families on their faith journeys. We welcome adult and family participation and involvement and appreciate your commitment to the religious education and faith development of the children of our parish. Should you wish to participate in our program in some way, please submit this form and Nativity Staff will contact you to find out how we can work together! For more information, email catechesis@nativityslo.org or edge@nativityslo.org, or call 805-544-2357.

Volunteer's Full Name _____

Address _____

Phone _____ Email _____ Circle Age: <18 / 18+

All who work in ministries as representatives of Nativity of Our Lady are required to be trained and submit to a background check. We do this as required by the Diocese of Monterey and as part of our commitment to keep all who are involved in our activities safe and well cared for.

Have you submitted fingerprints via LiveScan specifically for the Monterey Diocese to work with children? YES / NO
Have you completed either Safe Environment Training or its new replacement Virtus Training within 3 years? YES / NO
We can get you started on this background check and training if you have not already received clearance.

Do you know a child or children currently enrolled in Catechesis of the Good Shepherd or Edge at Nativity of Our Lady? If yes, who and how? _____

Have you received any Catechesis of the Good Shepherd/Edge Training? If so, please describe.

Catechesis of the Good Shepherd faith formation sessions will be held Tuesdays 3-3:45 pm for Level I (ages 3 ½ -6 yrs), 3:45-5:15 Level II (ages 6 – 9 yrs), and 5:30-6:30pm for Level III (ages 9-12 yrs). Sacramental Preparation generally occurs on 5 Thursday nights (March/April) and Special Events are peppered through the year (advent, lent, hospitality, ceremonies, etc). Edge is for Jr High kids grades 6-8, or age 11-14 and meets on Wednesdays at 7 PM.

Please indicate where you would most like to help:

In the Atria with: Level I _____ Level II _____ Level III _____
Sacramental Preparation _____ Special Events/Hospitality _____ Edge _____
From home or outside of class time with: Paper Cutting _____ Providing Supplies _____
Sewing _____ Wood-working _____ Painting _____ Calligraphy _____
Event/Signup Coordination _____ Other _____
Attend Zoom Meeting as 2nd Adult _____ Temp Checks or Room Sanitation _____

Thank you for your interest and for offering your time and talent to our programs. We look forward to working together.

**DIOCESE OF MONTEREY
PERMISSION WAIVER AND RELEASE & CONSENT FOR TREATMENT FORM
FOR PARISH/SCHOOL ACTIVITY/EVENT**

To the Parent/legal guardian: This is an agreement releasing the sponsoring parish/school before, during and after the activity/event. This form is also authorization for the adult supervisor to consent to any medical care needed by the minor, if the situation should arise.

This agreement releases the DIOCESE OF MONTEREY PARISH & SCHOOL OPERATING CORPORATION, also known as the DIOCESE OF MONTEREY, which will be referred to as the DIOCESE OF MONTEREY throughout this document, from any claims that the parent/guardian may have against the DIOCESE OF MONTEREY.

Activity/Event: NATIVITY OF OUR LADY RELIGIOUS ED AND RELATED YOUTH EVENTS
Starting Date: SEPTEMBER - JUNE
Mode of Transportation: na

I, _____ (name of parent or legal guardian) parent or legal guardian of
_____ (name of child/ren)

hereby give my permission for my child/ren to participate in the youth activity named above. I agree to direct my child/ren to cooperate and conform with directions, instructions and rules established by the chaperones, parish, school or diocesan personnel responsible for the above mentioned youth activity.

In exchange for permitting my child/ren to participate in the above named activity, to the extent permitted by law, I waive all claims for damages which I may have, or which may hereafter accrue to me or my child/ren against the DIOCESE OF MONTEREY, for death, personal injuries, and losses or injuries to property, real or personal, caused by or arising out of the above named activity/event. It is further understood and agreed that this agreement, waiver and release is to be binding on my successors, heirs and assigns.

In addition, to the extent permitted by law, I release and discharge in advance the DIOCESE OF MONTEREY and its officers, agents, employees, from any and all liability relating to the above named activity.

I agree and understand that transportation may be provided in such form and at the discretion of the DIOCESE OF MONTEREY.

My child/ren is/are physically fit and capable of participation in this event.

I authorize a representative of the DIOCESE OF MONTEREY into whose care the above named minor/s has been entrusted, to consent to and permit any and all necessary medical services for my child/ren to be rendered to him/her under the general or special supervision and upon the advice of a physician and surgeon licensed under the provisions of the California Medical Practice Act, to consent to and permit any x-ray examination, anesthetic, dental or surgical diagnosis or treatment and hospital care rendered to my child/ren by a dentist licensed under the provisions of the Dental Practice Act. I hereby give the representative of THE DIOCESE OF MONTEREY permission to use his/her judgment in obtaining medical services. I agree if medical services are required for my child/ren, THE DIOCESE OF MONTEREY will not be responsible for any medical expenses.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide authority and power on the part of the above-mentioned diocesan representative to give specific consent to any and all such diagnosis, treatment or hospital care that the above mentioned physician in the exercise of his/her best judgment may deem advisable.

I hereby authorize any hospital which has provided treatment to the above named minor/s pursuant to the provisions of Family Code section 6910 to surrender physical custody of such minor/s to the diocesan representative upon the completion of treatment. This authorization is given pursuant to Health and Safety Code section 1283.

This authorization shall be in effect during all time that my child/ren is/are under the supervision of THE DIOCESE OF MONTEREY for the above mentioned event and shall remain effective until the minor/s returns from the event and is/are no longer under the supervision of the DIOCESE OF MONTEREY.

I ALSO AGREE TO ALLOW DIOCESE OF MONTEREY TO PHOTOGRAPH/VIDEO MY CHILD/REN DURING THESE EVENTS AND TO USE SUCH LIKENESS FOR DIOCESE AND RELATED PROMOTION.

This waiver and release form is signed in order to participate in the above named event for my child/ren's own personal enjoyment and benefit and is done freely with full knowledge of the risk and dangers that are or may be involved. I, the undersigned, have read this release and understand all of its terms. I execute this voluntarily and with full knowledge of its significance.

I have discussed the above with my child/ren and he/she is aware of and understand the importance of following all rules set out by the supervisor(s).

Signature of Parent/Guardian: _____ Date: _____

Please provide the following:

Child's Name: _____

Date of Birth: _____ Male Female

Child's Name: _____

Date of Birth: _____ Male Female

Child's Name: _____

Date of Birth: _____ Male Female

Allergies (foods, drugs, insects, etc.) _____

Medications (name, dosage, reason) _____

Other information (injuries) or special health/physical conditions:

Insurance Information:

Insurance Carrier (Dependent Coverage): _____

Name of Policy Holder: _____ Policy Number: _____

Persons Authorized to Pick-Up Children:

Name: _____ Phone: _____

Name: _____ Phone: _____

My Child/ren may walk home from this program.

My Child may drive him/herself home from this program.

My Child requires a Child Safety Seat.

Person(s) to notify in case of an emergency:

Name: _____

Day Phone Number(s) _____ Evening Phone Number(s) _____

Name: _____

Day Phone Number(s) _____ Evening Phone Number(s) _____

Child/ren's Doctor: _____ Phone Number: _____

Child/ren's Dentist: _____ Phone Number: _____

NOL 8-18-2023