

St. Joseph Parish / Old Mission San Jose

Faith Formation Program 2018 - 2019

43148 Mission Blvd. (206 St. Joseph Terrace), P.O. Box 3276, Fremont CA 94539

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Welcome to St. Joseph Parish Faith Formation for children!

Children are precious gifts that God has given us, they can show us the wonder of God. For them, Faith Formation is a continuing process of both learning and practicing our Catholic faith. As Jesus said, *“Let the little children come to me, and do not stop them; for it is such as these that the kingdom of God belongs.”* Luke 18:16-17.

PROGRAM CHOICES:

Preschool (ages 3 - 5)	Sunday	9:00 am - 10:00 am
Kindergarten - Grade 6	Saturday	9:00 am - 10:15 am
Kindergarten - Grade 6	Wednesday	4:00 pm - 5:15 pm
Sacramental Prep for Grade 3 & up	Saturday	9:00 am - 10:15 am
Christian Initiation for Children (CIC) <i>(children age 7 & up that have not been baptized)</i>	Sunday	9:00 am - 11:30 am
Adaptive Faith Formation (AFF) <i>(children with special needs)</i>	Sunday	10:50 am - 12:10 noon

Registration forms and class calendars may be downloaded from the parish website:

www.saintjosephmsj.org

PLEASE NOTE:

- **Catechetical Sunday, Sept. 16th, 2018** – all catechists, parents and children are invited to attend 9:00 am Mass for a special blessing.
- **Classes start - Wednesday, Sept. 19th; Saturday, Sept. 22nd; Sunday, Sept. 23rd**
- Schedules of all programs will be available online by June 29, 2018.
- To volunteer please fill out the Volunteer Form.

Faith Formation Registration Fee	\$100.00	One student
	\$ 85.00	Each additional sibling
Sacramental Preparation Fee	\$ 85.00	Each student

Please make checks payable to: St. Joseph Parish – Faith Formation

Family Name _____ Date _____

Cash \$ _____ Check # _____ Amount \$ _____

Balance Due \$ _____ PAID IN FULL _____

Faith Formation Program 2018 – 2019

Mother's Name _____ Maiden Name _____

Father's Name _____ Home Phone _____

Address _____ City _____ Zip _____

Mother's Cell _____ Father's Cell _____

Email _____ Email _____

Mother's Religion _____ Father's Religion _____

If your family is not registered member of St. Joseph Parish/Old Mission San Jose. Please visit our parish website for registration, www.saintjosephmsj.org under 'Resources' – *Join our community*

STUDENT(S) INFORMATION:

1st Child: *Circle the program choice*

Preschool Sunday
K - Grade 6 (Wednesday)
K - Grade 6 (Saturday)
AFF CIC

Name _____

Birthdate _____

Current School _____

Grade _____ Gender _____ Age _____

Circle Sacraments already received.
Baptism Reconciliation First Communion None

2nd Child: *Circle the program choice*

Preschool Sunday
K - Grade 6 (Wednesday)
K - Grade 6 (Saturday)
AFF CIC

Name _____

Birthdate _____

Current School _____

Grade _____ Gender _____ Age _____

Circle Sacraments already received.
Baptism Reconciliation First Communion None

3rd Child: *Circle the program choice*

Preschool Sunday
K - Grade 6 (Wednesday)
K - Grade 6 (Saturday)
AFF CIC

Name _____

Birthdate _____

Current School _____

Grade _____ Gender _____ Age _____

Circle Sacraments already received.
Baptism Reconciliation First Communion None

4th Child: *Circle the program choice*

Preschool Sunday
K - Grade 6 (Wednesday)
K - Grade 6 (Saturday)
AFF CIC

Name _____

Birthdate _____

Current School _____

Grade _____ Gender _____ Age _____

Circle Sacraments already received.
Baptism Reconciliation First Communion None

**Parental Permission and Acknowledgement of
Conditions for Participating in Program**

(Please fill out one form for each student)

Child' Name _____

1. I/we, parent or authorized guardian of the child named above give permission for his/her participation in **St. Joseph Parish Faith Formation**, and all related activities, including but not limited to transportation to and from the Faith Formation program activities
2. I/we agree to direct my/our child to cooperate and comply with reasonable directions and instructions from the Faith Formation Program Staff or adult volunteer leaders.
3. I/we agree to be responsible for all medical expenses relating to injury of my/our child as a result of his/her participation in the program activities, whether or not caused by the negligence of parish, Faith Formation employees, agents, volunteers or other participants.
4. I/we understand that children participating in Faith Formation activities risk injury to the body, psyche or property damage to themselves and others. Such injuries can be caused by other persons or accidentally or intentionally self-inflicted, faulty equipment or facilities, conditions of recreational facilities, vehicle accidents while in transport or through the activity itself.

RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT

In consideration for being permitted to participate in the activities of **St. Joseph Parish Faith Formation program**, use the equipment provided and to enter the premises or facilities of the Diocese of Oakland (Diocese) for any purpose including observation and participation in activities, the parent or guardian for him or herself and any successors in interest and on behalf of the minor child agrees:

1. To release, waive, discharge and promise not to sue the Diocese of Oakland, and its affiliated entities, its officers, directors, employees, agents and volunteers (hereafter referred to as "Releasees") from all liability for any loss or damage, and any claim or demands therefore on account of serious or mortal injury to the body, injury to psyche or property of the minor child, or undersigned parent or guardian, whether caused by negligence or other conduct by the Releasees while the minor child, parent or guardian is participating the Faith Formation program or in, upon or about the premises of the Diocese or any of its facilities or equipment.
2. To indemnify and hold harmless the Releasees from any loss, liability, damage or cost it may incur due to the presence of the minor child, parent, guardian in, upon or about the premises of the Diocese, its facilities or equipment, or while participating in any Faith Formation activities whether caused by the negligence of Releasees or otherwise.
3. That the parent or guardian has read this Agreement, voluntarily signs the Agreement and that no oral representations, statements or inducements apart from the contents of this written Agreement have been made.

MODEL RELEASE STATEMENT

I hereby (*circle one*) GRANT/DECLINE permission for my child/ren named on this registration form to be photographed and/or videotaped during Faith Formation activities/events; and for the resulting photographs and/or videotaped footage to be edited, if necessary, and be published and/or broadcast (newspaper, church bulletin, church/diocesan website, etc.) for the purpose of promoting the activities of **St. Joseph Parish/Old Mission San Jose**.

I have read this Agreement and understand everything written above.

Signature of Parent or Guardian

Date

Signature of Parent or Guardian

Date

Catechist and Volunteer Form

Would you like to share your faith with your children and other children at St. Joseph Parish? We invite you to join us in St. Joseph's Faith Formation Program to help our children grow in their knowledge of God and the Catholic faith. It is a wonderful way to nurture our children in their relationship with Jesus Christ and our community. Your love, dedication and support would greatly benefit our children. We welcome your help.

If you would like to volunteer, please fill out this form and we will contact you.

NAME: _____ CELLPHONE: _____

EMAIL: (please write legibly) _____

POSITIONS *(pls. circle one)*

DAYS / TIMES *(pls. circle one)*

Catechist

Wednesdays, 4:00 pm – 5:15 pm

Classroom Aide/Helper

Saturdays, 9:00 am – 10:15 am

Substitute Catechist

Sundays, 9:00 am – 11:30 am

FF Events Volunteer

Sundays, 10:15 am – 12:15 pm

____ I have a teen/preteen who is available to help in a Faith Formation classroom.

NAME: _____ GRADE: _____

Questions/Comments:

Thank you!!!

Please return this form to the Faith Formation Office or to Sr. Bernadette

Sacramental Preparation Application and Fee

This form is applicable for the second year of Sacramental Preparation only

We request that our child, be admitted to the Faith Formation Sacramental Program.

Print their **FULL BAPTISMAL NAME** for the First Communion Certificate.

Age _____ Grade _____

For First Reconciliation & First Holy Communion, the following requirements must be submitted with this application:

- a copy of his or her **Baptismal Certificate**
- a 2" x 3" photo of your child for the **First Communion Banner**

Father/Guardian Signature _____ Date _____

Email: _____ Cellphone: _____

Mother/Guardian Signature _____ Date _____

Email: _____ Cellphone: _____

Residence: CITY: _____ STATE: _____

Sacramental Registration Fee - \$85.00 each child.
Payable to: St. Joseph Parish - Faith Formation

Sacramental Fee Ck. # _____ Cash _____ \$ _____ Date _____

Faith Formation Office
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