



**St. Joseph Parish / Old Mission San Jose
Faith Formation Program 2019 - 2020**

43148 Mission Blvd. or 206 St. Joseph Terrace, Fremont CA 94539

Office: (510) 657-0905 Fax: (510) 657-4165

bernadettestjoseph2018@gmail.com / gracestjoseph@yahoo.com

Welcome to Faith Formation for children!

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

Share your time and talents. We are always looking for volunteers.

Registration Forms & Class Calendars are available from our

Parish website at: www.saintjosephmsj.org

NOTE:

- **Classes start on:**
 - Wednesday Sept. 18, 2019
 - Saturday Sept. 21, 2019
 - Sunday Sept. 22, 2019

Faith Formation Registration Fee	\$100.00	One student
	\$ 85.00	Each additional sibling
Sacramental Preparation Fee	\$100.00	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 2019 – 2020

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 _____

STUDENT/S INFORMATION

Child 1: *Circle the program choice*

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

Name _____

Birthdate _____

Current School _____

Grade _____ Gender _____ Age _____

Circle Sacraments already received.
Baptism Reconciliation First Communion None

Child 2: *Circle the program choice*

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

Name _____

Birthdate _____

Current School _____

Grade _____ Gender _____ Age _____

Circle Sacraments already received.
Baptism Reconciliation First Communion None

Child 3: *Circle the program choice*

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

Name _____

Birthdate _____

Current School _____

Grade _____ Gender _____ Age _____

Circle Sacraments already received.
Baptism Reconciliation First Communion None

Child 4: *Circle the program choice*

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

Name _____

Birthdate _____

Current School _____

Grade _____ Gender _____ Age _____

Circle Sacraments already received.
Baptism Reconciliation First Communion None

Diocese of Oakland
Office of Faith Formation

PARENTAL PERMISSION, HEALTH AUTHORIZATION, RELEASE FORM
(ONE FORM PER CHILD)

Child' Name _____ Parish _____

Address _____ Phone _____

School _____ Grade _____ Birth date _____

Parent/Guardian Name _____ Home Phone _____

Address _____

Work phone _____ Cellphone _____

IN CASE OF EMERGENCY, NOTIFY PERSON OTHER THAN PARENT/GUARDIAN

NAME (print clearly) CELLPHONE RELATIONSHIP TO STUDENT

HEALTH AND MEDICAL INFORMATION

Family Physician _____ Phone _____

Address _____

Medical Plan _____ Plan Number _____

Do you authorize the adult leader to authorize medical treatment for your child in an emergency, as considered necessary by the attending physician? ____ Yes ____ No

State any reasons why you do not want medical care given to your child in an emergency:

Is your child allergic to any particular foods (i.e. peanuts, dairy, seafood...) Please list.

List all conditions (such as allergies, seizures) for which your child requires ongoing medication and state the type and frequency of medication given:

Has your child had difficulty with the following (circle all that apply):

Asthma Fainting Spells Convulsions Diabetes Heart Eyes Ears Nose Throat Lungs
Digestion Menstrual Problems Others _____

List any physical restriction or restriction for any activity on the basis of medical condition

State the date of your child's last physical examination _____

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

(ONE FORM PER CHILD)

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/children 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: (pls. write legibly) _____

POSITIONS (circle one)

Catechist

Classroom Aide/Helper

Substitute Catechist

FF Events Volunteer

DAYS / TIMES (circle one)

Wednesdays, 4:00 pm – 5:15 pm

Saturdays, 9:00 am – 10:15 am

Sundays, 9:00 am – 11:30 am

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 & Registration Fee

This form is applicable for 2nd year of Sacramental Preparation ONLY

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

Print: FULL BAPTISMAL NAME as shown on their Baptismal Certificate

Age _____ Grade _____

The following items are required to be submitted with this form. If not included, the registration will be placed on “ Pending ”.

- a copy of Baptismal Certificate
- a 2.5” x 3.5” photo for the First Communion Banner

Father/Guardian Signature _____ Date _____

Email: (pls. write legibly) _____ Cell: _____

Mother/Guardian Signature _____ Date _____

Email: (pls. write legibly) _____ Cell: _____

Residence: City: _____ State: _____

Sacramental Registration Fee - \$100.00 each child
Payable to: St. Joseph Parish – Faith Formation

Check # _____ \$ _____ Date _____

Cash Paid \$ _____ Balance: _____

Faith Formation Office

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