



**St. Joseph Catholic Church/Mission San Jose**  
 289 St. Joseph Terrace. or P.O. Box 3159, Fremont CA 94539  
 FFM Office: (510) 657-0905/ Parish Office: (510) 656-2364



**Family of Faith Ministry**

<https://www.saintjosephmsj.org/discipleship/family-of-faith/>

**PreK- Grade 8, Sacramental Preparation (Reconciliation & Communion), and Adaptive Faith (AF)**  
[nflores@saintjosephmsj.org](mailto:nflores@saintjosephmsj.org) or [glichauco@saintjosephmsj.org](mailto:glichauco@saintjosephmsj.org)

**2024 – 2025 Registration Form**

**FAMILY INFORMATION**

We are a: \_\_\_\_\_ Returning Family \_\_\_\_\_ New Family

Are you registered parishioners at St. Joseph? Yes \_\_\_\_\_ : No \_\_\_\_\_

If not, where are you registered? \_\_\_\_\_

| FATHER/GUARDIAN   | MOTHER/GUARDIAN   |
|---|---|
| First Name: _____ Last Name: _____  | First Name: _____ Last Name: _____  |
| Address: _____  | Address: _____  |
| City: _____ Zip: _____  | City: _____ Zip: _____  |
| Email: _____  | Email: _____  |
| Cell Phone: _____ Religion: _____   | Cell Phone: _____ Religion: _____   |
| If you are Catholic, check the Sacraments you have received:<br>___Baptism ___Eucharist ___Confirmation<br><br>___Married in Church ___None | If you are Catholic, check the Sacraments you have received:<br>___Baptism ___Eucharist ___Confirmation<br><br>___Married in Church ___None |
| Are you interested in completing any missing Sacraments?<br>___Yes ___ No   | Are you interested in completing any missing Sacraments?<br>___Yes ___ No   |
| Child/ren live/s with: _____ Both Parents, 1 household<br>_____ Both Parents, 2 households<br>_____ Father only<br>_____ Mother only        | <b>EMERGENCY CONTACT</b> (not parent/legal guardian)<br>Name: _____<br>Cell Phone: _____<br>Relation to Child: _____                        |

## STUDENT INFORMATION

| 1 <sup>st</sup> CHILD: Check grade and/or program choice.  | 2 <sup>nd</sup> CHILD: Check grade and/or program choice.  |
|--|--|
| <p>___ PreK ___ Kinder ___ Gr 1 ___ Gr 2 ___ Gr 3 ___ Gr 4</p> <p>___ Gr 5 ___ Gr 6 ___ Grade 7 ___ Grade 8</p> <p>___ Sacramental Prep ___ Adaptive Faith</p> <p>Full Name _____</p> <p>Birthdate _____</p> <p>Current School _____</p> <p>Gender _____ Age _____</p> <p><b>Circle Sacraments already received:</b></p> <p>Baptism Reconciliation First Communion None</p> <p>Any special challenges/considerations we should be aware of?</p> <p>___ Yes ___ No If yes, please explain: _____</p> <p>_____</p>                               | <p>___ PreK ___ Kinder ___ Gr 1 ___ Gr 2 ___ Gr 3 ___ Gr 4</p> <p>___ Gr 5 ___ Gr 6 ___ Grade 7 ___ Grade 8</p> <p>___ Sacramental Prep ___ Adaptive Faith</p> <p>Full Name _____</p> <p>Birthdate _____</p> <p>Current School _____</p> <p>Gender _____ Age _____</p> <p><b>Circle Sacraments already received:</b></p> <p>Baptism Reconciliation First Communion None</p> <p>Any special challenges/considerations we should be aware of?</p> <p>___ Yes ___ No If yes, please explain: _____</p> <p>_____</p>                               |
| 3 <sup>rd</sup> CHILD: Check grade and/or program choice.  | 4 <sup>th</sup> CHILD: Check grade and/or program choice.  |
| <p>___ PreK ___ Kinder ___ Gr 1 ___ Gr 2 ___ Gr 3 ___ Gr 4</p> <p>___ Gr 5 ___ Gr 6 ___ Grade 7 ___ Grade 8</p> <p>___ Sacramental Prep ___ Adaptive Faith (children with special needs)</p> <p>Full Name _____</p> <p>Birthdate _____</p> <p>Current School _____</p> <p>Gender _____ Age _____</p> <p><b>Circle Sacraments already received:</b></p> <p>Baptism Reconciliation First Communion None</p> <p>Any special challenges/considerations we should be aware of?</p> <p>___ Yes ___ No If yes, please explain: _____</p> <p>_____</p> | <p>___ PreK ___ Kinder ___ Gr 1 ___ Gr 2 ___ Gr 3 ___ Gr 4</p> <p>___ Gr 5 ___ Gr 6 ___ Grade 7 ___ Grade 8</p> <p>___ Sacramental Prep ___ Adaptive Faith (children with special needs)</p> <p>Full Name _____</p> <p>Birthdate _____</p> <p>Current School _____</p> <p>Gender _____ Age _____</p> <p><b>Circle Sacraments already received:</b></p> <p>Baptism Reconciliation First Communion None</p> <p>Any special challenges/considerations we should be aware of?</p> <p>___ Yes ___ No If yes, please explain: _____</p> <p>_____</p> |

### Faith Family Participation & Donation

The success of our program(s) is dependent on the participation of all families. Your family will journey through this year in a small **Faith Family** comprised of 4-5 families. Your **Faith Family** will take the lead in serving in the following FFM areas:

**Liturgy:** Serving as greeters, ushers, lectors, choir members and offertory bearers.

**Hospitality:** Provide and serve snacks/beverages for FFM families.

**Service:** Assemble 'blessing bags' for St. Joseph Homeless Outreach Ministry.

**Outreach/ Activities team:** Assist in St. Joseph Parish outreach and activities: Community meeting activities, Fundraisers, St. Joseph conference, Easter egg hunt.

**Faith Family schedule will be distributed at the first session. Please refer to it for your Faith Family assignments.**

**I/We agree with the requirements of the Family of Faith program(s) and understand FFM can only complement and support my/our efforts to educate my/our child(ren) to the Catholic faith. Parent(s) Initials: \_\_\_\_\_/\_\_\_\_\_**

- Materials/Supplies provided by the Family of Faith Ministry for each NEW registered family:**
- (1) Parent Guide (***A Family of Faith, Vol. IV***) English
  - (1) Activity Book for each child (***A Family of Faith, Vol. IV***) English
  - (1) Catholic Bible - ***New American Bible***
  - (1) ***Catechism of the Catholic Church (CCC)***
  - (1) Tote bag with Saint Joseph Church/Mission San Jose logo

|   |  |
|---|--|
| <p><b>FFM Registration Donation:</b><br/> <b>\$250.00</b> Per family with one student<br/> <b>\$ 50.00</b> Each additional sibling</p> <p><b>Sacrament Preparation:</b><br/> <b>\$175.00</b> Each student<br/> <b>\$ 50.00</b> Each additional sibling<br/> <b>** Please print the child(ren)'s name(s) that will be written on their certificate(s):</b></p> <p>1. _____</p> <p>2. _____</p> | <p><b>Checks payable to: St. Joseph Parish</b><br/> (memo line – FFM and/or Sac Prep)<br/> Family Name _____<br/> Date _____<br/> Cash Amt. \$ _____ Check # _____ Amt. \$ _____</p> <p>Balance Due \$ _____</p> <p>Office Use: PAID IN FULL _____</p> |
|---|--|



**Diocese of Oakland**  
**PARENTAL PERMISSION & HEALTH AUTHORIZATION RELEASE FORM**  
(Please fill out one form for each 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/S OTHER THAN PARENT/GUARDIAN**

| NAME/S (print clearly) | CELLPHONE/S | 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 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 applies):

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

List any physical restriction for any activity based on medical condition: \_\_\_\_\_

State the date of your child's last physical examination \_\_\_\_\_

# Parental Permission and Acknowledgement of Conditions for Participating in Program

(Please fill out one form for each student)

Child's Name \_\_\_\_\_

1. I/we, parent or authorized guardian of the child named above give permission for his/her participation in **St. Joseph Parish Family of Faith Ministry**, and all related activities, including but not limited to transportation to and from the Family of Faith Ministry activities
2. I/we agree to direct my/our child to cooperate and comply with reasonable directions and instructions from the Family of Faith Ministry 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 Family of Faith Ministry employees, agents, volunteers or other participants.
4. I/we understand that children participating in Family of Faith Ministry 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 Family of Faith Ministry**, 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 Family of Faith Ministry of St. Joseph Parish/Old Mission San Jose 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 Family of Faith Ministry 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/We hereby **(circle one) GRANT/DECLINE** permission for my child/ren named on this registration form to be photographed and/or videotaped during Family of Faith Ministry 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