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
  - **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)**
  - **Sunday** 9:00 am - 11:30 am
  (children age 7 & up that have not been baptized)

- **Adaptive Faith Formation (AFF)**
  - **Sunday** 10:50 am - 12:10 noon
  (children with special needs)

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](http://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

<table>
<thead>
<tr>
<th>Family Name</th>
<th>Date</th>
<th>Cash</th>
<th>Check #</th>
<th>Amount</th>
<th>Balance Due</th>
<th>Paid In Full</th>
</tr>
</thead>
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</tbody>
</table>
# 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)

<table>
<thead>
<tr>
<th>Name _________________________________</th>
<th>Birthdate _________________________________</th>
<th>Current School _________________________________</th>
<th>Grade _____ Gender _____ Age ________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Circle Sacraments already received.</td>
<td>Baptism  Reconciliation  First Communion  None</td>
<td></td>
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</tbody>
</table>

### Child 2: *Circle the program choice*
- Preschool (Sunday)
- K - Grade 6 (Wednesday)
- K - Grade 6 (Saturday)
- AFF (Sunday)  CIC (Sunday)

<table>
<thead>
<tr>
<th>Name _________________________________</th>
<th>Birthdate _________________________________</th>
<th>Current School _________________________________</th>
<th>Grade _____ Gender _____ Age ________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Circle Sacraments already received.</td>
<td>Baptism  Reconciliation  First Communion  None</td>
<td></td>
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</tbody>
</table>

### Child 3: *Circle the program choice*
- Preschool (Sunday)
- K - Grade 6 (Wednesday)
- K - Grade 6 (Saturday)
- AFF (Sunday)  CIC (Sunday)

<table>
<thead>
<tr>
<th>Name _________________________________</th>
<th>Birthdate _________________________________</th>
<th>Current School _________________________________</th>
<th>Grade _____ Gender _____ Age ________</th>
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</thead>
<tbody>
<tr>
<td>Circle Sacraments already received.</td>
<td>Baptism  Reconciliation  First Communion  None</td>
<td></td>
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</tbody>
</table>

### Child 4: *Circle the program choice*
- Preschool (Sunday)
- K - Grade 6 (Wednesday)
- K - Grade 6 (Saturday)
- AFF (Sunday)  CIC (Sunday)

<table>
<thead>
<tr>
<th>Name _________________________________</th>
<th>Birthdate _________________________________</th>
<th>Current School _________________________________</th>
<th>Grade _____ Gender _____ Age ________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Circle Sacraments already received.</td>
<td>Baptism  Reconciliation  First Communion  None</td>
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### PARENTAL PERMISSION, HEALTH AUTHORIZATION, RELEASE FORM

**ONE FORM PER CHILD**

<table>
<thead>
<tr>
<th>Child’s Name</th>
<th>Parish</th>
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<table>
<thead>
<tr>
<th>Address</th>
<th>Phone</th>
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<table>
<thead>
<tr>
<th>School</th>
<th>Grade</th>
<th>Birth date</th>
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<tr>
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<table>
<thead>
<tr>
<th>Parent/Guardian Name</th>
<th>Home Phone</th>
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<table>
<thead>
<tr>
<th>Address</th>
<th>Work phone</th>
<th>Cellphone</th>
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### IN CASE OF EMERGENCY, NOTIFY PERSON OTHER THAN PARENT/GUARDIAN

<table>
<thead>
<tr>
<th>NAME (print clearly)</th>
<th>CELLPHONE</th>
<th>RELATIONSHIP TO STUDENT</th>
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### HEALTH AND MEDICAL INFORMATION

<table>
<thead>
<tr>
<th>Family Physician</th>
<th>Phone</th>
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<table>
<thead>
<tr>
<th>Address</th>
<th>Plan Number</th>
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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) \n
Catechist \nClassroom Aide/Helper \nSubstitute Catechist \nFF 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
43148 Mission Blvd. or 206 St. Joseph Terrace, Fremont CA 94539
Office: (510)657-0905 / Fax: (510)657-4165
bernadettesjoseph2018@gmail.com / gracestjoseph@yahoo.com