



St. Joseph Catholic Church/Mission San Jose
Welcome to St. Joseph Family of Faith Ministry

289 St. Joseph Terrace. P.O. Box 3159, Fremont CA 94539
 FFM Office: (510) 657-0905 / Parish Office: (510) 656-2364



Grade 7 & Grade 8 / Confirmation 1 & 2
melcheok@gmail.com (G7 & G8) / fatherle@saintjosephmsj.org (Con 1 & 2)

“Jesus went down with them and came to Nazareth, and was obedient to them; and his mother kept all these things in her heart. And Jesus advanced in wisdom and age and favor before God and man.” Luke 2:51-52.

FAMILY INFORMATION

*We are a: _____ Returning Family _____ New Family
 (COPY of Baptismal Certificate needed for all new students. Please submit it with your registration.)

*Are you St. Joseph registered parishioners? ___ Yes, ___ No, If not, where are you a member? _____

FATHER/GUARDIAN	MOTHER/GUARDIAN
First Name: _____ Last Name: _____	First Name: _____ Last Name: _____
Address: _____	Address: _____
City: _____ Zip: _____	City: _____ Zip: _____
Email (Required): _____	Email (Required): _____
Cell Phone: _____ Religion: _____	Cell Phone: _____ Religion: _____
<i>If you are Catholic, please check the Sacraments the FATHER has received:</i> _____ Baptism _____ Eucharist _____ Confirmation _____ Married in Church _____ None	<i>If you are Catholic, please check the Sacraments the MOTHER has received:</i> _____ Baptism _____ Eucharist _____ Confirmation _____ Married in Church _____ None
<i>Are you interested in completing any missing sacraments?</i> ___ Yes ___ No	<i>Are you interested in completing any missing sacraments?</i> ___ Yes ___ No
EMERGENCY CONTACT (not the parent/guardian listed) Name: _____ Cell Phone: _____ Relation to Child: _____	EMERGENCY CONTACT (not the parent/guardian listed) Name: _____ Cell Phone: _____ Relation to Child: _____

STUDENT INFORMATION:

Full Name of student:

D.O.B.

Age:

1st Year Confirmation

2nd Year Conformation

Date and address of First Communion:

Hobbies/ Interests:

What do you most love about Catholicism?

Please describe yourself as best you can. (This is so I can better know you and help you as we begin this journey together.)

Expectations: The Family of Faith Ministry is a family-based weekly program for family of faith and sacrament preparation taught by parents to their children at home with monthly support classes at the Church for parents and children in their respective classes. We are here to partner with and support parents in this important role. The success of our programs relies a lot on your efforts. In order to achieve, we ask that you give your best effort to commit to the following:

1. Family attendance at weekly Sundays Family Mass.
2. Participate in parents and children sessions one Sunday each month.
3. The Sacramental Prep students will have one additional meeting for parents and students per month.
4. Sharing/teaching your children at home using the *Family of Faith/Sacramental Preparation* materials.
5. Participate in Family of Faith in service by doing projects and activities.
6. Pray with your child/ren daily at home (before and after meals, in the car...)

As a parent, I realize the Family of Faith Ministry can only complement and support my own efforts to raise my child/children according to the Catholic faith tradition. **Parent Initials:** _____

Family Participation, Supplies & Donation:

The success of our program is dependent on the generosity of participation of all families. Please check all boxes your family may be interested in assisting with throughout the year. More details will be presented at the introductory meeting.

Weekly Sunday Mass Participation	Equipment & Physical Resources	Family of Faith Ministry Teams*
<input type="checkbox"/> Greeter <input type="checkbox"/> Offering Gifts <input type="checkbox"/> Altar Server <input type="checkbox"/> Children's Choir <input type="checkbox"/> Lector <input type="checkbox"/> Usher <input type="checkbox"/> Hospitality Host	<input type="checkbox"/> Weekly Hospitality (set up / break down) <input type="checkbox"/> 1st Sunday Monthly Meetings (set up / break down) <input type="checkbox"/> Outreach Activities & Events (set up / break down) <input type="checkbox"/> Audio Visual Assistance	<input type="checkbox"/> Prayer team <input type="checkbox"/> Outreach Activities team <input type="checkbox"/> Liturgical team <input type="checkbox"/> Communication team <input type="checkbox"/> Hospitality team

*Prayer team: Pray for the success of our Family of Faith Ministry and family's intentions
 Outreach Activities team: Facilitate activities and projects for families throughout the year
 Liturgical team: Schedule and coordinate family Mass participation
 Communication team: Coordinate communication within Family of Faith Ministry, including technical support & set up
 Hospitality team: Coordinate and facilitate hospitality at monthly Parent session and weekly at Family Mass

Supplies to be provided by the Family of Faith Ministry for each family registered:
 1 Parent Guide "Why Believe"(English)
 1 Text Book for each child ("Why Believe") English

Check language preference: English Vietnamese Chinese or Already have one

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<p>Family of Faith Ministry Suggested Donation</p> <p>\$200.00 Per family with one student \$ 50.00 Each additional sibling</p> <p>\$200.00 Sacramental Preparation for each student (paid separately)</p>	<p>Please make checks payable to: St. Joseph Parish (with FFM in the memo line)</p> <p>Family Name _____ Date _____</p> <p>Cash Amount \$ _____ Check # _____ Check Amount \$ _____</p> <p>Balance Due \$ _____ (Office Use: PAID IN FULL _____)</p>
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**Diocese of Oakland
Office of St. Joseph Family of Faith Ministry**

PARENTAL PERMISSION, HEALTH AUTHORIZATION, RELEASE FORM

(Please fill out one form for each student)

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

(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 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/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

Sacramental Preparation Application and Fee

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

We request that our child, be admitted to the Family of Faith Ministry Sacramental Program.

Please print the **FULL BAPTISMAL NAME**. This will appear on their Certificates.

Age _____ Grade _____

- **MUST include a copy of Baptismal Certificate with this application**

Father/Guardian Signature _____ Date _____

Email: _____ Cellphone: _____

Mother/Guardian Signature _____ Date _____

Email: _____ Cellphone: _____

**Confirmation Registration - \$200.00 each child.
Payable to: St. Joseph Parish (with Confirmation in the memo line)**

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