



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

Rite of Christian Initiation for Children (RCIC)

rradich@saintjosephmsj.org or glicchauco@saintjosephmsj.org

Registration Form 2023-2024

The **Rite of Christian Initiation for Children (RCIC)** program is the process for a child to become Catholic and prepares children for receiving the Sacraments of Baptism, Reconciliation, and Eucharist if they have not been brought into the Catholic faith by Catholic Baptism as infants. This program is for children between the ages of seven and seventeen.

The program's goal is to help children understand the foundation and essential teachings of God and the Catholic Church through the Word of God (Bible), Church Traditions, the Sacraments, prayers, and other Church teachings. Through these classes, we hope to help them deepen their relationship with Jesus Christ, who truly loves and cares for them. In addition, we hope to gradually prepare them to enter the worship assembly (Mass) with a profound understanding and great joy of being a part of the Body of Christ, the Church.

EXPECTATIONS:

1. Parents/ Child(ren) are required to attend, **weekly, the 10:00 am Sunday Mass** for the Liturgy of the Word. After the homily, the children are led, by their catechists, from the church to the classroom for their session which **ends at 12:00 pm. Sessions begin in October, 2023 and conclude at Pentecost Sunday in May, 2024.**
2. Parents/ Child(ren) attend the First Reconciliation Retreat/ practice and First Reconciliation prayer service to receive the Sacrament.
3. Parent/ Sponsor (or Proxy)/Child(ren) attend all the prayer services and Masses for the Rites before and during Lent, services/Masses during Holy Week leading to Easter, Rehearsal for Easter Vigil Mass, and Easter Vigil Mass to receive the Sacrament(s).
4. Parents/ Child(ren) are encouraged to engage, come together, and participate in the Family of Faith Bonding Sundays, Community Outreach, and Activities to grow in relationship with St. Joseph Parish's faith community.
5. Child(ren) learn, recite, and demonstrate understanding of: The Sign of the Cross, Our Father, Hail Mary, Glory Be, Grace before meals, Act of Contrition, Ten Commandments, Seven Sacraments, steps of going to Confession, Nicene Creed, and be familiar with the responses during Mass.
6. A Sponsor is selected and must be a fully initiated, practicing Catholic in good standing, and at least 18 years of age. He/ She may not be the candidate's parents.

Date: _____

Are you registered parishioners at St. Joseph? Yes____: No____ If not, where are you registered? _____

FAMILY INFORMATION

| FATHER/GUARDIAN | | MOTHER/GUARDIAN | |
|------------------------|------------|------------------------|------------|
| First Name: | Last Name: | First Name: | Last Name: |

| FATHER/GUARDIAN (Continued) | MOTHER/GUARDIAN (Continued) |
|--|--|
| Address: _____ | Address: _____ |
| City: _____ Zip: _____ | City: _____ Zip: _____ |
| Email: _____ | Email: _____ |
| Cell Phone: _____ Religion: _____ | Cell Phone: _____ Religion: _____ |
| If you are Catholic, check the Sacraments you have received: _____ Baptism _____ Eucharist _____ Confirmation _____ Married in Church _____ None | If you are Catholic, check the Sacraments you have received: _____ Baptism _____ Eucharist _____ Confirmation _____ Married in Church _____ None |
| Are you interested in completing any missing Sacraments? _____ Yes _____ No | Are you interested in completing any missing Sacraments? _____ Yes _____ No |
| Child/ren live/s with: _____ Both Parents, 1 household _____ Both Parents, 2 households _____ Father only _____ Mother only | EMERGENCY CONTACT (not parent/legal guardian) Name: _____ Cell Phone: _____ Relation to Child: _____ |

STUDENT INFORMATION

| 1 st CHILD: | 2 nd CHILD: |
|---|---|
| Full Name _____ | Full Name _____ |
| Birthdate _____ | Birthdate _____ |
| Current School _____ | Current School _____ |
| Grade _____ Gender _____ Age _____ | Grade _____ Gender _____ Age _____ |
| Circle Sacraments to be received: please circle all that apply Baptism Reconciliation First Communion Confirmation | Circle Sacraments to be received: please circle all that apply Baptism Reconciliation First Communion Confirmation |
| Any special challenges/considerations we should be aware of? _____ Yes _____ No If yes, please explain: _____ _____ | Any special challenges/considerations we should be aware of? _____ Yes _____ No If yes, please explain: _____ _____ |
| Sponsor's Name: _____ Sponsor's Email/ Cell Phone: _____ _____ | Sponsor's Name: _____ Sponsor's Email/ Cell Phone: _____ _____ |
| **Please print your child's name that will be written on his/her certificate: _____ _____ | **Please print your child's name that will be written on his/her certificate: _____ _____ |

FFM Registration Donation**RCIC:****\$150.00** Each student**\$ 50.00** Each additional sibling**** Please print the child(ren)'s name(s) that will be written on their certificate(s):**

1. _____

2. _____

Checks payable to: St. Joseph Parish

(memo line – RCIC)

Family Name _____

Date _____

Cash Amt. \$ _____ Check # _____ Amt. \$ _____

Balance Due \$ _____

Office Use: PAID IN FULL _____



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