



St. Joseph Catholic Church/Mission San Jose
Diocesan Shrine of St. Joseph
Youth Ministry Confirmation 1 & 2 Registration Form 2024 – 2025
aloverro@saintjosephmsj.org or glichauco@saintjosephmsj.org

289 St. Joseph Terrace, Fremont, CA 94539 - Office: (510) 657-0905

We are a: Returning Family New Family

Are you registered parishioners at St. Joseph? Yes If not, where are you registered? _____

FATHER OR GUARDIAN INFORMATION	MOTHER OR GUARDIAN INFORMATION
First Name: _____ Last Name: _____	First Name: _____ Maiden Name: _____
Address: _____	Address: _____
City: _____ Zip: _____	City: _____ Zip: _____
Email: (Required-Pls write clearly.) _____	Email: (Required-Pls write clearly.) _____
Phone: (cell/home/work): _____	Cell Phone: (cell/home/work): _____
Religion: _____	Religion: _____
If you are Catholic, check the Sacraments you have received: <input type="checkbox"/> Baptism <input type="checkbox"/> Eucharist <input type="checkbox"/> Confirmation Married in Church? Yes <input type="checkbox"/> No <input type="checkbox"/> Are you interested in completing any missing sacraments? <input type="checkbox"/> Yes <input type="checkbox"/> No	If you are Catholic, check the Sacraments you have received: <input type="checkbox"/> Baptism <input type="checkbox"/> Eucharist <input type="checkbox"/> Confirmation Married in Church? Yes <input type="checkbox"/> No <input type="checkbox"/> Are you interested in completing any missing sacraments? <input type="checkbox"/> Yes <input type="checkbox"/> No
EMERGENCY CONTACT (other than parent or guardian) Name: _____ Cell Phone: _____ Relation to Child: _____ Child/ren live/s with: <input type="checkbox"/> Both Parents, 1 household <input type="checkbox"/> Both Parents, 2 households	EMERGENCY CONTACT (other than parent or guardian) Name: _____ Cell Phone: _____ Relation to Child: _____ <input type="checkbox"/> Father only <input type="checkbox"/> Mother only

STUDENT INFORMATION

Name of Student: _____

Date of Birth: _____ Age: _____

Name of School: _____ Grade: _____

Confirmation 1: _____ Confirmation 2: _____

Attach a copy of his/her BAPTISMAL CERTIFICATE ****

REQUIREMENTS FOR PARENTS:

- o **Weekly** Family attendance at the Sunday FFM Mass at 12:00 pm.
- o Attend mandatory meetings.
- o Confirmation 2 students are **required** to attend the **Confirmation Retreat**.
- o Be **Safe Environment Certified** to be able to help in class or special events. Submit a **copy of your Safe Environment Certificate to FFM office**.
- o Complete all Diocesan Forms (attached).

I/We agree with the requirements of the Family of Faith programs and understand the Family of Faith Ministry can only complement and support my/our efforts to educate my/our child(ren) in the Catholic Faith.

Parent's or Guardian's Initials: _____ / _____

CONFIRMATION 1 & 2 REGISTRATION FEE:

\$ 250.00 Per family & one student
\$ 100.00 Each additional sibling

ADDITIONAL CON 2 SACRAMENT FEE:

\$ 150.00 Per student
\$ 100.00 For additional sibling

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Make checks payable to: St. Joseph Catholic Church/Mission San Jose

Family Name: _____ Date: _____

Cash \$ _____ / Ck # _____ / Ck Amt \$ _____ Bal \$ _____

Diocese of Oakland
PARENTAL PERMISSION, HEALTH AUTHORIZATION, RELEASE FORM
(One 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 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 foods (i.e. peanuts, dairy, seafood)?

Is your child taking 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 Participation in Program**
(One for each child)

Child's Full Name _____

1. I/we, parent or authorized guardian of the child named above give permission for his/her participation in **St. Joseph Catholic Church/Mission San Jose Confirmation 1 & 2 Program**, and all related activities, including but not limited to transportation to and from the activities,
2. I/we agree to direct my/our child to cooperate and comply with reasonable directions and instructions from the Confirmation 1 & 2 Ministry Staff or adult volunteer leaders.
3. I/we agree to be responsible for all medical expenses relating to the 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 employees, agents, volunteers or other participants.
4. I/we understand that children participating in the Confirmation 1 & 2 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 Catholic Church/Mission San Jose Confirmation 1 & 2 Program**, use of 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 in 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 St. Joseph Parish/Old Mission San Jose 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 any Confirmation 1 & 2 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 Catholic Church/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