St. Joseph Catholic Church/Mission San Jose

Diocesan Shrine of St. Joseph
289 St. Joseph Terrace. or P.O. Box 3159, Fremont CA 94539 FFM Office (510) 657-0905

Order of Christian Initiation for Children 2026-2027

nflores@saintjosephmsj.org or glichauco@saintjosephmsj.org

Registered in St. Joseph Catholic Church? Yes ___ No ___ If not, name of church _____

SEEKING SACRAMENTS OF: _____ BAPTISM _____ EUCHARIST _____ CONFIRMATION

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:

EMERGENCY CONTACT:

First Name: _____ Last Name: _____

Relation to Child: _____ Cell Phone: _____

STUDENT INFORMATION

Student's Name: _____ Age _____
First MI Last

Date of Birth: _____ Place of Birth: _____
City State Country

Grade: _____ School: _____

Any special challenges/considerations we should be aware of?

BAPTISM INFORMATION
Complete if baptized and seeking Sacrament of the Eucharist and Confirmation

Full Baptismal Name: _____
First Middle Last

Name of Church: _____ Baptismal Date: _____

Complete Address of Church: _____
City State Zip Code Country

Godparent's Name: _____ Religion: _____

NOTE: If baptized, please attach a COPY of the child's Baptismal Certificate.

HOLY COMMUNION
Complete if you received the Sacrament of Eucharist

Name of Church: _____ Date: _____

Full Address of Church: _____

Denomination: _____

CONFIRMATION
Complete if you received the Sacrament of Confirmation

Name of Church: _____ Date: _____

Full Address of Church: _____

Denomination: _____

Diocese of Oakland
PARENTAL PERMISSION & HEALTH AUTHORIZATION RELEASE FORM
(one form per 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

(one form per child)

Child's 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, 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 Catholic Church/Mission San Jose, 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 – IMPORTANT TO CHOOSE ONE:

I/We hereby **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 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