

STA Kids Faith Formation Registration Form 2019-2020

* Required Information

YOU CAN ALSO COMPLETE THE FORM ONLINE AT: www.paloaltocatholic.net

Complete a separate form for each child

PLEASE NOTE: a separate form must be completed for each child being registered. Calendars will be emailed upon receipt of registration form. Calendars are also available at the parish office and in the church vestibules.

Tuition

\$100 for 1 student

\$50 for each additional student

\$50 additional for any child preparing to receive any of the Sacraments

Checks can be made out to: St. Thomas Aquinas Parish - subject line: Faith Formation (child's name)

Please send tuition payment to:

St. Thomas Aquinas Parish

Attn: Susan Olsen

3290 Middlefield Road

Palo Alto, CA 94306

If financial assistance is needed, please contact: Susan Olsen, Director of Catechetical Ministry- 650-494-2496 x25 or email to suolsen@dsj.org.

Site your child will attend Faith Formation *

- St. Albert The Great 10:15am-11:15am
- Our Lady of the Rosary 9:15am-10:15am
- RCIA for Children, Wednesdays 6:00pm-7:15pm

Student's First Name * _____

Student's Last Name * _____

Family Last Name * _____

Father's Name * _____

Mother's Name * _____

Mother's Maiden Name * _____

Home Phone * (include area code) _____

Mother's Cell Phone * (include area code) _____

Father's Cell Phone * (include area code) _____

Primary Email Address * _____

Secondary Email Address _____

May we share your email and phone with other parents? * _____

Home Address * (Please include city and zip code) _____

What sacraments has the mother of this student received? * (mark all that apply)

- Baptism (Catholic) ___ Baptism (non-Catholic)
- Reconciliation
- Eucharist
- Confirmation

What sacraments has the father of this student received? * (mark all that apply)

- Baptism (Catholic) ___ Baptism (non-Catholic)
- Reconciliation
- Eucharist
- Confirmation

Where do you regularly attend Mass? * (Required Question)

- St. Albert The Great
- Our Lady of the Rosary
- St. Thomas Aquinas
- Other (Name of Church) * _____

Student's Age * _____

Student's Birthdate * (month/date/year) _____

Student's Place of Birth * (city/state/country) _____

Gender *

- Female
- Male

Grade for Faith Formation * (this is for the school year of 2019-2020)

- Pre-K (age 4)
- Kindergarten (age 5)
- 1st
- 2nd
- 3rd
- 4th
- 5th
- RCIA (Sacramental Preparation for children over the age of 7)

Sacraments Student has Received * (please check all that apply)

- Baptism (Catholic)
- Baptism (Non-Catholic)
- Reconciliation
- Eucharist
- Confirmation
- Other: _____

For students 3rd grade and higher: Does your child need to prepare for Baptism or 1st Eucharist? *

A child 8 years old or older who needs to prepare for Baptism and/or 1st Eucharist may be a candidate for RCIA adapted for children which meets on Wednesday evenings.

- YES
- NO

I would like my child to prepare this year for the Sacraments of: *

(please check all that apply – Please note additional tuition required)

- None – Student does not need to prepare for any Sacraments this year
- Baptism (Catholic)
- Reconciliation
- Eucharist
- Confirmation
- Other: _____

Does the student have any special needs (medical, learning or physical disabilities)? *If yes, please explain.

Does the student have any allergies? *If yes, please explain.

Emergency Contact Name * (First and Last) _____

Emergency Contact Relationship * _____

Emergency Contact Phone Number * (include area code) _____

Child lives with * (check one)

- Both Parents
- Father
- Mother
- Guardian

STAKids relies on volunteers to ensure success of programs/activities. Please indicate at least two (2) events that one of the adults from your family can volunteer at. *

- First Day Gathering (August 26)
- Parish Picnic (September 16)
- Easter Gathering (April 21 after Mass)
- Family Masses (4th Sunday of the month)
- Retreats
- Other Family Events

We are in need of Catechists, Co-Catechists and Aides for both sites. If you would like to volunteer in any of these areas please check the box below

	1st grade or PK-K	2th grade	3rd grade	4th grade	5th grade
Catechist	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Co-Catechist	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Aide	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Photo Release Form * I, the parent/guardian of this student, **DO** (respond yes) or **DO NOT** (respond NO) authorize and give full consent, without limitation or reservation, to St. Thomas Aquinas Parish to publish any photographs or videos in which the above named student and/or pictures or videos of his/her parents/guardians appears while participating in any program within St. Thomas Aquinas or a Diocesan sponsored event. There will be no compensation for use of any photographs at the time of publication or in the future. **(Yes/No)**
(This is a required question)

Medical Waiver Authorization * *(typed parent name will constitute their signature)*

I HOLD THE PARISH AND DIOCESE OF SAN JOSE HARMLESS FROM ANY CLAIM OF INJURY, SICKNESS, ILLNESS OR DAMAGE THAT MY CHILD MAY SUFFER OR SUSTAIN DURING THE ACTIVITY LISTED ABOVE, WITH EXCEPTION TO INJURY OF DAMAGES ARISING OUT OF THE SOLE NEGLIGENCE OF THE PARISH OR DIOCESE OF SAN JOSE. I ATTEST THAT MY CHILD IS PHYSICALLY FIT TO PARTICIPATE IN THIS EVENT. IN THE EVENT MY CHILD BECOMES ILL OR INJURED, I DO HEREBY CONSENT TO WHATEVER X-RAY, EXAMINATION, MEDICAL OR TREATMENT AND HOSPITAL CARE ARE CONSIDERED NECESSARY IN THE BEST JUDGEMENT OF THE ATTENDING PHYSICIAN AND PERFORMED BY OR UNDER THE SUPERVISORIN OF A MEMBER OF THE MEDICAL STAFF OF THE HOSPITAL FACILITY PROVIDING THE TREATMENT. I AM NOT AWARE OF ANY MEDICAL CONDITION WHICH WOULD RENDER IT INAPPROPRIATE FOR MY CHILD TO PARTICIPATE IN ANY SUCH ACTIVITY.

(signature) _____

Please return this form with your child's tuition and return it to:

**St Thomas Aquinas Parish Pastoral Office
 Attn: Susan Olsen
 3290 Middlefield Road
 Palo Alto, CA 94306**