

2019/2020 FAMILY REGISTRATION FORM FOR FAITH FORMATION AND YOUTH MINISTRY

St. Mary Church: Faith Formation/Youth Ministry Office (925) 891-8939 Parish Office (925) 891-8900

FAMILY INFORMATION

Family Name: _____ Preferred Phone: _____

Mailing Address: _____ City/ ZIP Code: _____

Family Email: _____

PARENT/GUARDIAN INFORMATION: **Please Print Neatly.**

Mother's Name: _____ Father's Name: _____

Mother's Cell Phone: () _____ Father's Cell Phone: () _____

Mother's Email: _____ Father's Email: _____

Mother's Religion: _____ Father's Religion: _____

Status: Single Married Separated Divorced Remarried
(Circle One)

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Send communications to: **(check one)** Mother Father Both Mother and Father

STUDENT INFORMATION – List all names of students enrolling (Kindergarten – High School):

Emergency Contact:
Relationship to Child(ren):

Phone Number:

Child(ren) may be released to:

Child(ren)'s Name		Gender M/F	Date of Birth mm/dd/yy	Sacrament Received (Y/N)				Grade 2019/2020
First	Last			Baptism	Reconciliation	Eucharist	Confirmation	
			/ /					
			/ /					
			/ /					
			/ /					

Child(ren) resides primarily with: Mother Father Both Mother and Father Guardian

List any special family concerns or custody issues: _____

Does your child have a medical condition, disability, or social concerns you'd like to share with us?: (use back if needed) _____

Please place an "x" in the proper column for each child you are enrolling and in the column the parent/guardian would like to be a volunteer

	Little Saints (K-Gr. 3)	Child Receiving 1 st Communion and 1 st Reconciliation this year?	Rock (Gr. 4&5)	Blast (Gr. 6)	Edge (Gr. 7 & 8)	Encounter (Gr. 9-12)
Child's First Name	Sunday 9:30-11:00am	Yes or No	Thursday 4:00-5:30pm	Tuesday 7:00-8:30pm	Tuesday 7:00-8:30pm	Wednesday 6:50pm-8:30pm
*I will be an Adult Facilitator/Leader						

PROGRAM FEE SCHEDULE:

Program	Number Enrolling	Tuition	Total	Name of Child(ren) Enrolling
LITTLE SAINTS (K-3rd)		\$125/per Child per year		
ROCK (4 th -5 th)				
BLAST (6 th)				
EDGE (7 th -8 th)				
ENCOUNTER-Youth Group (9 th – 12 th)		\$65/per Teen per semester		
100% Discount off ONE tuition for Ministry you are serving*			\$____.____	
*DISCOUNT for <u>weekly</u> catechists in Faith Formation/Youth Ministry(Little SAINTS, ROCK, BLAST, EDGE, ENCOUNTER)				
SUB-TOTAL*Subtract Discount Amount (if applicable)			\$____.____	
Optional Donation: For sponsoring a student whose family does not have the means to pay fees at this time.		Any amount is greatly appreciated.		A donation acknowledgement letter will be mailed: Dec 30 th
TOTAL:			\$____.____	<input type="checkbox"/> Check Box if Paying Online

Tuition will be collected at the time of registration. Please make check payable to St. Mary Church or come by the office to pay by cash/check/credit card (VISA or MASTERCARD) or pay online with credit card on the SMC website:www.stmary-wc.org

Financial Aid. No child is turned away due to financial hardship. Please contact FF/YM Office at 925-891-8939 or email lifeteen.stmarywc@gmail.com

2019/2020 Faith Formation and Youth Ministry

St. Mary Church, Diocese of Oakland

PARENTAL PERMISSION, HEALTH AUTHORIZATION, RELEASE FORM

There must be a copy of this form at ALL Faith Formation and Youth Ministry Activities

1st Child's Full Name _____ **DOB:** _____

Cell Phone (if child has): _____

Sex (Circle One): **M** **F** Grade (Fall 2019) _____ School (Fall 2019): _____

Years of Faith Formation (checkbox): 1 2 3 4 or more Parish: _____

Allergies/Drug Allergies: _____ Asthma: Y N

Routine Medications: _____

List any medical conditions we should be aware of: _____

Date of child's last physical examination: _____

2nd Child's Full Name _____ **DOB:** _____

Cell Phone (if child has): _____

Sex (Circle One): **M** **F** Grade (Fall 2019) _____ School (Fall 2019): _____

Years of Faith Formation (checkbox): 1 2 3 4 or more Parish: _____

Allergies/Drug Allergies: _____ Asthma: Y N

Routine Medications: _____

List any medical conditions we should be aware of: _____

Date of child's last physical examination: _____

3rd Child's Full Name _____ **DOB:** _____

Cell Phone (if child has): _____

Sex (Circle One): **M** **F** Grade (Fall 2019) _____ School (Fall 2019): _____

Years of Faith Formation (checkbox): 1 2 3 4 or more Parish: _____

Allergies/Drug Allergies: _____ Asthma: Y N

Routine Medications: _____

List any medical conditions we should be aware of: _____

Date of child's last physical examination: _____

Emergency Contact (other than parent/guardian)

CHILD(REN) MAY BE RELEASED TO: _____

Name

Cell phone

HEALTH AND MEDICAL INFORMATION

Family Physician _____ Phone _____

Address _____

Print Name of Policy Holder: _____

Insurance Company: _____

Employer/Group Number: _____ Policy/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:

(Complete AND SIGN Back of Form/Page Two)

Parental Permission and Acknowledgment of

Conditions for Participation in Program

1. I/we, parent or authorized guardian of the child(ren) named above give permission for his/her/their participation in **2019/2020 Faith Formation and Youth Ministry Programs** and all related activities, including but not limited to transportation to and from the youth ministry activities.
2. I/we agree to direct my/our child to cooperate and comply with reasonable directions and instructions from Faith Formation and Youth Ministry staff or adult volunteer leaders.
3. I/we agree to be responsible for all medical expenses relating to injury of my/our child(ren) as a result of his/her/their participation in any faith formation or youth ministry activity, whether or not caused by the negligence of the parish, faith formation or youth ministry program employees, agents or volunteers or other participants.
4. I/we understand that children participating in faith formation or youth ministry activities risk injury to the body, psyche or property damage to themselves or 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 the faith formation and youth ministry program, use the equipment provided and to enter the premises or facilities of the Diocese of Oakland 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(ren) 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 youth ministry activities 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 or guardian in, upon or about the premises of the Diocese, its facilities or equipment, or while participating in any youth 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 hereby (circle one) **GRANT/ DECLINE** permission for my child(ren) named on this form to be photographed and/or videotaped during Faith Formation and Youth Ministry events; and for the resulting photographs and/or videotaped footage to be edited for the purpose of promoting St. Mary Church.

I have read this Agreement and understand everything written above.

Print Name of Parent or Guardian

Signature of Parent or Guardian

Date

Mother's cell phone: _____ **Father's cell phone:** _____

Family Email: _____