

# St. Isidore Faith Formation 2018-2019

## Registration Form

440 La Gonda Way, # 210, Danville, CA 94526  
Office Phone (925) 362-1900 FAX (925) 362-1929

Class Assignment: \_\_\_\_\_  
Tues  Weds

### Student Information:

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender:  Male  Female

Grade in the Fall of 2018: \_\_\_\_\_ School Attending: \_\_\_\_\_

Previous Catholic Religious Ed: Yes  No  If Yes, Parish/School: \_\_\_\_\_ Year: \_\_\_\_\_

Parents Marital Status: Married  Single  Divorced  Widowed

Child lives with: Both Parents  Mother  Father  Other

### Sacrament Information: (A Baptismal Certificate must be included if your child is receiving a Sacrament.)

Baptism: Yes  No  If Yes, Name of Church: \_\_\_\_\_ Denomination: \_\_\_\_\_

First Reconciliation: Yes  No  First Communion Yes  No  Confirmation: Yes  No

*Children must faithfully complete two consecutive years of Faith Formation in order to receive sacraments.*

### Father/ Guardian Information:

Last Name: \_\_\_\_\_ First: \_\_\_\_\_

Home Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_ Religion: \_\_\_\_\_

### Mother/ Guardian Information:

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Maiden: \_\_\_\_\_

Home Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

*(If different from above)*

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_ Religion: \_\_\_\_\_

### Program Choices: (Please see last page of this packet for payment information)

Little Farmers ( 3-5 yrs. old)  9:00 am Mass

Kindergarten - 5th grade:  Tuesday 4:00 -5:00 pm  Wednesday 4:00-5:00 pm

Middle School - 6th-8th Grade  Wednesday Eve 7:00 -8:00 pm

High School Confirmation (1st year)  (Times Vary) Your child will receive a newsletter with workshop choices.

High School Confirmation (2nd year)  Wednesday 7:00-8:30 pm  Sunday 7:00-8:30 pm

### For office use only

Registration Date: \_\_\_\_\_ Amount Pd: \_\_\_\_\_ Balance: \_\_\_\_\_  CK# \_\_\_\_\_  Cash  VISA/MC

Baptismal Certificate Attached  Needs POF:  Sacramental Fee Paid

# ST. ISIDORE CHURCH ~ FAITH FORMATION VOLUNTEER FORM 2018-2019

The success of these programs is based on parent participation.

Please select an area that you would like to support. Thank you for your gift of time.

Parent(s) Name: \_\_\_\_\_ Student's Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ E-mail: \_\_\_\_\_

## CHILDREN'S FAITH FORMATION PROGRAM (GRADE K- 5<sup>TH</sup>)

\*Childcare service is available to children of walking age to 4 years old. List names and ages of child/children requiring childcare during your volunteer time: \_\_\_\_\_

- |   |                                  |                                    |
|---|----------------------------------|------------------------------------|
| <input type="checkbox"/> Catechist – Grade _____              | <input type="checkbox"/> Tuesday | <input type="checkbox"/> Wednesday |
| <input type="checkbox"/> Classroom Aide – Grade _____         | <input type="checkbox"/> Tuesday | <input type="checkbox"/> Wednesday |
| <input type="checkbox"/> Substitute – Grade _____             | <input type="checkbox"/> Tuesday | <input type="checkbox"/> Wednesday |
| <input type="checkbox"/> Cut Felt Banners for First Communion |                                  |                                    |

## SUMMER FAITH CAMP

- |  |  |
|--|--|
| <input type="checkbox"/> Summer Faith Camp Main Coordinator  | <input type="checkbox"/> Summer Faith Camp Recreation Coordinator  |
| <input type="checkbox"/> Summer Faith Camp Food Coordinator  | <input type="checkbox"/> Summer Faith Camp Decorations Coordinator |
| <input type="checkbox"/> Summer Faith Camp Craft Coordinator |  |

## MIDDLE SCHOOL PROGRAM (GRADE 6<sup>TH</sup> – 8<sup>TH</sup>) Wednesday 7:00 – 8:00PM

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Catechist _____ Grade | <input type="checkbox"/> Classroom Aide _____ Grade | <input type="checkbox"/> Substitute Catechist |
|--|---|---|

## HIGH SCHOOL PROGRAM (Times Vary)

- |                                    |   |  |
|------------------------------------|---|--|
| <input type="checkbox"/> Catechist | <input type="checkbox"/> Substitute Catechist | <input type="checkbox"/> Retreat Chaperone |
|------------------------------------|---|--|

## LITTLE FARMERS (During Mass for 3 – 5 year olds)

- |  |   |
|--|---|
| <input type="checkbox"/> Teacher - Sunday - 9:00AM | <input type="checkbox"/> Aide - Sunday - 9:00AM |
|--|---|

**Diocese of Oakland  
Office of Youth and Young Adult Ministry  
PARENTAL PERMISSION, HEALTH AUTHORIZATION RELEASE FORM**

**STUDENT INFORMATION**

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade in Fall: \_\_\_\_\_  
Address: \_\_\_\_\_ School: \_\_\_\_\_

**PARENT INFORMATION**

Parent / Guardian(s): \_\_\_\_\_  
Address: (IF DIFFERENT FROM ABOVE) \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**EMERGENCY CONTACT (OTHER THAN PARENT):**

Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_  
Contact Phone #1: \_\_\_\_\_ Contact Phone #2: \_\_\_\_\_

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**HEALTH AND MEDICAL INFORMATION**

Child's Physician: \_\_\_\_\_ Office Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Date of last physical exam: \_\_\_\_\_  
Medical Plan: \_\_\_\_\_ Plan ID #: \_\_\_\_\_

Do you authorize the adult leader to authorize medical treatment to your child in an emergency, as considered necessary by the attending physician?     YES     NO

If NO, briefly state reason why you do not want medical care given to your child in an emergency:  
\_\_\_\_\_

My child has difficulty with the following (circle all that apply)

ASTHMA    FAINTING    CONVULSIONS    DIABETES    HEART    EYES    EARS/HEARING    NOSE    THROAT    MIGRAINES  
DIGESTION    MENSTRUAL PROBLEMS    DAIRY ALLERGY    NUT/PEANUT ALLERGY    SEASONAL ALLERGIES    ADHD

OTHER: \_\_\_\_\_

List all conditions for which your child requires ongoing medication and state the type and frequency of medication:  
\_\_\_\_\_

List any restrictions for any activity on the basis of a medical condition: \_\_\_\_\_

**PARENTAL PERMISSION AND ACKNOWLEDGEMENT OF  
CONDITIONS FOR PARTICIPATION IN PROGRAM**

1. I/WE, parent or authorized guardian of \_\_\_\_\_ give permission of his/her participation in **Faith Formation** and all related activities, including but not limited to transportation to and from youth ministry events.
2. I/WE, agree to direct my/our child to cooperate and comply with reasonable directions and instructions from Faith Formation 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 this event or program, whether or not caused by the negligence of parish staff, Faith Formation employees, volunteers, agents or other participants.
4. I/WE understand that youth participating in youth ministry events 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 **Faith Formation**, 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 therefor on account of serious or mortal injury to the body, injury to the psyche or property of the minor child, parent or guardian is participating in this event/program or in, upon or about the premises of the Diocese of 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 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: PLEASE CIRCLE BELOW \*\*\***

I/WE, hereby (*Circle One*) GRANT / DECLINE permission for my child named on this form to be photographed and/or videotaped during Youth Ministry and Faith Formation Activities and 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. Isidore Parish.

**I have read this Agreement and understand everything written above.**

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

EARLY BIRD SPECIAL



\$10 off per child if you register by June 22nd

### REGISTRATION FEE CHART

Child 1 and 2- Pay full amount

Child 3- Pay 1/2 of the Registration Fee\*

Child 4 or more- FREE

### PROGRAM FEES

\$125- Little Farmers (3-5 year olds)

\$165- Faith Formation (K-8<sup>th</sup> grades)

\$125- High School Confirmation- 1<sup>st</sup> Year

\$165- High School Confirmation 2<sup>nd</sup> Year

Late Bird Fee



There is a \$25 family late fee if you register after August 17th

#### Additional Program Fees:

**Sacrament Fee: \$90** per child making First Reconciliation and First Holy Communion

**Confirmation Retreat \$225** (for 2<sup>nd</sup> year students only-payment due in January)

\*For third child that you register deduct 1/2 price discount from lowest program fee.

If you wish to pay with a credit card please fill out bottom portion of this form or attach a check payable to: St. Isidore Church.

### AUTHORIZATION AGREEMENT FOR CREDIT CARD

*I / we hereby authorize St. Isidore Church to complete a draft to my / our credit card. This authorization is for this transaction only.*

Name as it appears on credit card: \_\_\_\_\_

Card Type:  Visa / Debit OR  MasterCard

Account Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Program Name(s): \_\_\_\_\_

Total Amount to Draft: \$ \_\_\_\_\_

Student Name(s): \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone # \_\_\_\_\_