

**ST. MARY CHILDREN'S FAITH FORMATION 2011-2012**

2039 Mt. Diablo Blvd.  
Walnut Creek, CA 94596  
Phone: 925.891.8930 Website: [www.stmary-wc.org](http://www.stmary-wc.org)

Family Name: \_\_\_\_\_  ONE: Mr. & Mrs. \_\_\_\_\_ Ms. \_\_\_\_\_ Mr. \_\_\_\_\_ Other \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone: ( ) \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Registered in the Parish: \_\_\_ Yes \_\_\_ No

Primary E-Mail Address for Faith Formation Communication \_\_\_\_\_

*Please print clearly*

**PARENTS/GUARDIANS INFORMATION**

<b>Name:</b> _____ First                    Last	<b>Name:</b> _____ First                    Last                    Maiden
Relationship: _____ (Father, Stepfather, Grandfather, etc.)	Relationship: _____ (Mother, Stepmother, Grandmother, etc.)
Occupation: _____	Occupation: _____
Bus. Phone: ( ) _____	Bus. Phone: ( ) _____
Cell Phone: ( ) _____	Cell Phone: ( ) _____
Religion: <i>Catholic</i> Other: _____	Religion: <i>Catholic</i> Other _____
Marital Status: Married ___ Divorced ___ Single ___ Widow(er) ___	
Child(ren) live with: Both Parents ___ Guardian ___ Father ___ Mother ___	

**STUDENT INFORMATION**

Student's Name	P3/P4/K or Grade in 2011-2012	Sex M/F	School	Birthdate	Child has been been Baptized	Child has celebrated 1 <sup>st</sup> Reconciliation	Child has received 1 <sup>st</sup> Eucharist
					Yes No	Yes No	Yes No
					Yes No	Yes No	Yes No
					Yes No	Yes No	Yes No
					Yes No	Yes No	Yes No

**CLASS INFORMATION**

**Sunday Preschool Program** 3 years old through Kindergarten meets Sundays 11-12 noon  
P3 \_\_\_ P4 \_\_\_ Kindergarten \_\_\_

**Elementary** 1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup>, 4<sup>th</sup>, & 5<sup>th</sup> Grade Classes meet 3:30-5p.m. (Please indicate your 1<sup>st</sup>, 2<sup>nd</sup>, and 3<sup>rd</sup> choice for preferred day)  
Monday \_\_\_ Tuesday \_\_\_ Wednesday \_\_\_

*(1<sup>st</sup> Sacrament preparation programs for Grades 1-5 are separate programs and require appropriate forms and fees. Two years of previous formal religious education are required).*

**Sacrament Prep Program for Older Students Needing Baptism/Reconciliation/Eucharist** meets 9-10:30 a.m. Sundays  
(If applying for this program, place \* next to student's name in above section.)

**FEES**

<p><b>2011-2012 Tuition is \$105 per child</b></p> <p><b>Monthly payments are acceptable * Checks may be made to St. Mary Faith Formation</b></p> <p><b>A copy of your child's Baptismal certificate is required at time of registration</b></p> <p><b>Registration Deadline: September 7, 2011 An additional LATE FEE of \$25 per family will be charged after deadline.</b></p> <p><i>For office use: Total fees paid _____ Check #/Cash _____ Date Paid _____</i></p>
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Family Name \_\_\_\_\_

**Parental Permission, Health Authorization, Release Form 2011-2012**  
(There must be a copy of this form at all youth ministry activities)

Child/ren Name(s) \_\_\_\_\_ Parish \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_ Birth Date \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_ Work Phone \_\_\_\_\_  
(street/city/zip)

**IN CASE OF EMERGENCY, NOTIFY PERSON OTHER THAN PARENT/GUARDIAN**

Name \_\_\_\_\_ Phone \_\_\_\_\_

**HEALTH AND MEDICAL INFORMATION**

Family Physician \_\_\_\_\_ Address \_\_\_\_\_

Phone \_\_\_\_\_

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: \_\_\_\_\_

List all conditions (such as allergies, seizures) for which your child requires ongoing surveillance and/or 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  
Other \_\_\_\_\_

List any physical restriction or restriction for any activity on the basis of medical condition: \_\_\_\_\_

Food Allergy or Medication Allergy or reaction? \_\_\_ No \_\_\_ Yes, List \_\_\_\_\_

State the date of your child's last physical examination: \_\_\_\_\_

**Parental Permission and Acknowledgement of Conditions for Participation in Program**

1. I/we, parent or authorized guardian of the child/ren named above give permission for his/her participation in St. Mary Children's Faith Formation related activities, including but not limited to transportation to and from the children's ministry activities.
2. I/we agree to direct my/our child/ren to cooperate and comply with reasonable directions and instructions from 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 participation in any youth ministry activity, whether or not caused by the negligence of the parish, youth ministry program employees, agents or volunteers or other participants.
4. I/we understand that children participating in youth 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 the youth ministry program, use the equipment provided and to enter the premises of 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 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 cause 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.

I have read this Agreement and understand everything written above.  \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent or Guardian

\_\_\_\_\_ Date \_\_\_\_\_

2010-2011

# Adult Involvement in Faith Formation:

(√ those ministries in which you would like to participate)

## Preschool – Sundays 10:45 a.m.-12:15 p.m.

- I would like to **teach** Grade\_\_\_\_\_       I would be willing to **substitute teach** for Grade\_\_\_\_\_
- I would like to **help in the Preschool program**

## Elementary – 3:30 – 5:00 p.m.

- I would like to **teach** Grade\_\_\_\_\_
- Monday     Tuesday     Wednesday
- I would be willing to **substitute teach for** Grades\_\_\_\_\_
- Monday     Tuesday     Wednesday



Parent's Name \_\_\_\_\_

Child's/Children's Name(s) \_\_\_\_\_ Grade(s) \_\_\_\_\_

Phone Number: (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_