



# **St. Joan of Arc Faith Formation**

**2601 San Ramon Valley Blvd.**

**San Ramon, CA 94583**

**Faith Formation pre-K thru grade 6: 925-830-4710**

**Youth Ministry grades 7-12: 925-830-4720**

June 5, 2018

HELLO ST. JOAN OF ARC FAMILIES!

I hope this letter finds you well, and looking forward to summer! With kids already out of school, I know it's hard to think about, but it is that time of year again—time to register for next year's Faith Formation programs!

We are so pleased to continue offering Families of Faith, our faith formation program for children in grades K-3 AND their families! Here at St. Joan of Arc, we passionately believe that parents are the first and best teachers of faith for their children, and that God's love is experienced most profoundly in the family. We believe our job is not just to minister to children or teens, but to minister to the whole family. As we help parents draw closer to Christ, we are helping their children draw closer to Christ. Instead of dropping your child off for weekly classes, parents and children together gather twice a month for dynamic and interactive faith formation for the whole family. As we pray together, read Scripture together, learn together and have fun together with our parish family, your family will grow closer to God who loves you immeasurably, and make faith part of your everyday life. Each year will have a new theme and new topics to learn, so yes—your family can attend year after year and keep learning new things! Children both older and younger than grades K-3 are welcome to attend with their families, and if you have a 4th or 5th grader, we will be offering ROCK sessions just for them while Families of Faith is meeting— we are trying as much as possible to make coming to church for faith formation easier for families! See our Faith Formation tri-fold brochure for more details.

As for our other programs— ROCK, BLAST, EDGE and LIGHT are all still the same! It is such a blessing to work with the children, teens and families of our parish. And we are committed to the parents of these older children as well! It can be hard to find time in our crazy-busy schedules to nourish our own faith, when we are so committed to our kids. We hope you will consider volunteering in your child's program, so you can grow together in faith at the same time! The Prayer of St. Francis says, "it is in giving that we receive," and after doing this for several decades, I can promise that as you give to our amazing young people, you will get more than you give, and that your own faith will grow. And please don't think, "but I don't know how to teach . . ." Truly, our volunteers are not teachers—they are facilitators, simply listening to kids and engaging them in faith conversations. Our program directors do the teaching, all you need to do is love kids! And we provide excellent training so you will feel confident sharing faith with young people. You can volunteer for our weekly programs on the registration page.

**(OVER)**

So what's next? **GET REGISTERED!** Register all your children on the same form, the registration form included in this packet, and don't hesitate to call us if you have any questions! Registration forms are due by August 15; a late fee will be added for any forms received after that date. *(A note on Families of Faith: due to space limitations, we can only accommodate 100 families for each program time [Sundays 10-11:15 a.m., Sundays 11:30-12:45, or Thursdays 6-7:15 p.m.], so get your registration in soon as we will fill those spots on a first come, first served basis)*

Here's what we have included in this packet:

1. Family Registration form: list all children you are registering for any of our programs
2. Parental Permission and Health Authorization form: this is the health information form we need filled out each year. Don't forget to sign the back!
3. A "Save the Date" page with important dates for parents,
4. And last but not least, a tri-fold that explains each of our programs. And again, don't hesitate to call us if you have questions about any of our programs!

We look forward to journeying in faith together with you and your children next year! Blessings to you and your family on behalf of our entire Faith Formation team!

Mary Machi  
Director of Faith Formation and Evangelization

**2018-19 FAMILY REGISTRATION FORM FOR FAITH FORMATION AND YOUTH MINISTRY**

St. Joan of Arc Faith Formation Office (925) 830-4710

Youth Ministry Office (925) 830-4720

**FAMILY INFORMATION**

Family Name \_\_\_\_\_ Preferred Phone (\_\_\_\_) \_\_\_\_\_  
 Mailing Address \_\_\_\_\_ City \_\_\_\_\_ ZIP Code \_\_\_\_\_  
 Best 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 **Status:** Single Married Separated Divorced Remarried  
 (Circle One) (Circle One)

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

**STUDENT INFORMATION - Only list names of students ENROLLING (3 ½ years old to Senior in High School):**

<b>Emergency Contact:</b>	<b>Phone Number:</b>
<b>Relationship to Children:</b>	

**Child(ren) may be released to:**

Child(ren)'s Name		Gender	Date of Birth	Sacrament Received (Y/N)				Grade
First	Last	M/F	mm/dd/yy	Baptism	Reconciliation	Eucharist	Confirmation	2018/2019

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 that we should know about?: \_\_\_\_\_



2018/2019 Faith Formation and Youth Ministry  
**St. Joan of Arc Parish, 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

**1<sup>st</sup> Child's Full Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

Cell Phone (if child has): \_\_\_\_\_

Sex (Circle One): **M** **F** Grade (Fall 2018): \_\_\_\_\_ School (Fall 2018): \_\_\_\_\_

Allergies/Drug Allergies: \_\_\_\_\_ Asthma: Y  N

Routine Medications: \_\_\_\_\_

List any medical conditions we should be aware of: \_\_\_\_\_

Date of child's last physical examination: \_\_\_\_\_

**2<sup>nd</sup> Child's Full Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

Cell Phone (if child has): \_\_\_\_\_

Sex (Circle One): **M** **F** Grade (Fall 2018): \_\_\_\_\_ School (Fall 2018): \_\_\_\_\_

Allergies/Drug Allergies: \_\_\_\_\_ Asthma: Y  N

Routine Medications: \_\_\_\_\_

List any medical conditions we should be aware of: \_\_\_\_\_

Date of child's last physical examination: \_\_\_\_\_

**3<sup>rd</sup> Child's Full Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

Cell Phone (if child has): \_\_\_\_\_

Sex (Circle One): **M** **F** Grade (Fall 2018): \_\_\_\_\_ School (Fall 2018): \_\_\_\_\_

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)**

**THAT 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 **2018/2019 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. Joan of Arc.

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:** \_\_\_\_\_