

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):

Emergency Contact:	Phone Number:
Relationship to Children:	

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?: _____

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 3 ½ to 5 years SUNDAY	Families of Faith Program Each session limited to the first 100 families signed up. (K – Gr. 3) PLEASE CIRCLE ONE SESSION/TIME SLOT		ROCK (Gr. 4 & 5) PLEASE CIRCLE ONE SESSION/TIME SLOT		BLAST (Gr. 6)	EDGE** (Gr. 7 & 8)	LIGHT (Gr. 9-12)	Confirmation (Pre-requisites must be met)	Child receiving 1 st Communion or Confirmation this year?
Child's First Name	Please circle one 9 AM Mass OR 10:30 AM Mass	SUNDAY 10:00am - 11:15am (After 9:00 Mass) OR 11:30am-12:45pm (After 10:30 Mass)	THURS. 6:00 - 7:15pm	SUNDAY 10:00am - 11:15am OR 11:30am - 12:45pm Meets same days/time as Families of Faith (Limited to 20/session)	MON. 6:00 - 7:30pm GYM	WED. 6 -7:30pm MPR	WED. 6:50 - 8:30pm GYM**	MONDAY 6:50 - 8:30pm MPR	See Conf. calendar	YES Or NO
*I will be an Adult Facilitator/Leader										

**If you are enrolling your child in EDGE please circle a t-shirt size for him or her: YM YL AS AM AL AXL

PROGRAM FEE SCHEDULE: a late fee of \$25 will be applied after August 15th.

1. Program registration fee:

A. 1st child = \$175 B. Plus \$125 for each additional child

1. Program Registration Fee (A+B): _____

2. Additional Sacrament Fee of \$100 per child, per sacrament

2. Sacraments Fee(s) if applicable: _____

*Discount of \$75 is given if a parent is a weekly facilitator or adult leader in our programs

3. Adult weekly volunteer discount: _____

Name of Parent/Guardian weekly volunteer: _____

TOTAL REGISTRATIONS FEES DUE (ADD #1 AND #2 above and subtract #3, if applicable):

Please make checks payable to St. Joan of Arc or pay via credit card on the website (www.sjasr.org, click on GIVING under the quick links list located on the bottom right of the page) or come in person to the office.

TOTAL = \$

Financial aid and payment plans are available to families. Please contact Gina McCormick at 925-830-4720 or email her at gmccormick@sjasr.org to discuss options.

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

1st 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: _____

2nd 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: _____

3rd 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: _____