

Any Siblings: Yes No What Grade? _____ Names of Siblings _____

Above Office Use Only

ST. MICHAEL FAITH FORMATION REGISTRATION 2018-2019

PLEASE PRINT ALL INFORMATION CLEARLY AND COMPLETELY
The information provided is considered **CONFIDENTIAL** and is used only for communication purposes by this office.

The child's name must match the name on the birth certificate

Students Name _____ SEX: _____
First Middle Last

DATE OF BIRTH: _____ PLACE OF BIRTH: _____
City State

GRADE ENTERING SEPT. 2018: _____ SCHOOL: _____
Name City

Address _____ Apt# _____ City _____ Zip Code _____

Home Phone() _____ Primary Email _____ @ _____

Students Live with: Both Parents _____ Guardian _____ Father _____ Mother _____ Other _____

Registered at St. Michael Yes ___ No ___ Envelope # _____ If not registered at St. Michael, Where? _____

If not registered please fill out St. Michael Registration form

PARENTS/GUARDIANS INFORMATION

Name _____
First Middle Last

Name _____
First Middle Last

Maiden Last Name _____
(last name before marriage)

Maiden Last Name _____
(last name before marriage)

Relationship: _____
(mother, father, grandmother, etc.)

Relationship: _____
(mother, father, grandmother, etc.)

Work #() _____

Work #() _____

Cell #() _____

Cell #() _____

Occupation: _____

Occupation: _____

Religion: Catholic _____ Other _____
(please specify)

Religion: Catholic _____ Other _____
(please specify)

Marital status: Single _____ Married _____
Separated _____ Divorced _____ Widow(er) _____

Marital status: Single _____ Married _____ Separated _____ Divorced _____
Widow(er) _____

EMERGENCY CONTACTS/ THOSE ALLOWED TO PICK UP MY CHILD FROM FAITH FORMATION CLASSES

Persons other than parents authorized to be notified and/or to pick up my/our child(ren) in case of emergency or if parent cannot be reached (must list at least one):

Name _____ Relationship _____ Phone # (_____)
First Last

Name _____ Relationship _____ Phone # (_____)
First Last

Name _____ Relationship _____ Phone # (_____)
First Last

The persons named above have permission to pick up my child from faith formation classes : _____
(Parent/Guardian signature)

Diocese of Oakland- St Michaels Faith Formation

HEALTH & MEDICAL INFORMATION

Family Physician _____ Phone _____

Medical Plan Number _____ Address _____

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:

Has your child had difficulty with the following (circle all that apply): Digestion Lungs Throat
Asthma Fainting Spells Convulsions Diabetes Heart Eyes Ears Nose
Other _____

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

State the date of your child's last physical examination _____

Food Allergies or Medication Allergies: please specify _____

Emergency Care Information

Please list any additional information here regarding the health and wellbeing of your child:

**Diocese of Oakland- St Michaels Faith Formation
PARENTAL PERMISSION, HEALTH AUTHORIZATION, RELEASE FORM**

Parental Permission and Acknowledgment of Conditions for Participating in Program

1. I/we, parent or authorized guardian of the child named above given permission for his/her participation in all Faith Formation activities with St. Michael Parish September 2018- June 2019 and all related activities, including but not limited to transportation to and from this faith formation event.
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, whether or not caused by the negligence of parish, faith formation program employees, agents or volunteers or other participants

RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT

In consideration for being permitted to participate in all Faith Formation activities with St. Michael Parish September 2018- June 2019, 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 on behalf of the minor child agrees-

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 "Releases") 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 participant whether caused by negligence or other conduct by the Releases while the participant is participating in this event or in, upon or about the premises of the Diocese or any of its facilities or equipment.

To indemnify and hold harmless the Releases from any loss, liability, damage or cost it may incur due to the presence of the minor child, parent 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 Releases or otherwise.

That the participant 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.

Photo Model Release Statement



Youth Ministry & 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 all Faith Formation activities with St. Michael Parish September 2018- June 2019.

_____ I hereby **GRANT**- Permission for my child(ren) named on this form to be photographed and/or videotaped.

_____ I hereby **DECLINE**- Permission for my child(ren) named on this form to be photographed and /videotaped.

Childs Name _____

Parent/Guardian Signature _____ Date _____

I have read this Agreement and understand everything written above.

PLEASE CHECK ALL THE CLASSES THAT APPLY

Faith Formation (1-6 Grade) *First* Year or Returning Students

Wednesday @ 4:30-6:00pm. _____

First year _____

Returning Student _____

Faith Formation Sacrament Year (2-6 Grade) *Second* Year Only

After 1 year in Faith Formation classes.

Wednesday @ 4:30-6:00pm _____

This means that the Sacramental Mass will be in English.

DID YOUR CHILD RECEIVE FAITH FORMATION CLASSES LAST YEAR 2017-2018: Yes _____ No _____

If not at St. Michael where? _____

YES!!! I Would Like to Volunteer

_____ Catechist (Religious Education Teacher)

_____ Aide-will assist the Catechist

_____ Prayer Listener

_____ Any events for Faith Formation (Hall projects and Reconciliation)

Grade Preferred _____

Parents/guardians are expected to volunteer, attend all mandatory Parent/guardian events and retreats and participate in many ways during their child's Faith Formation.

Name _____ Email _____ @ _____ Phone # _____

****ATTENTION-IMPORTANT****

A copy of the Birth Certificate & Baptismal Certificate Must accompany all registration forms.

Forms will not be accepted without certificates.

Faith Formation Fees

Please make checks payable to: **St. Michael**

50% Tuition must be received with packet

Faith Formation Grades 1-6

1 Child	\$75	Total _____	Early Registration Discount by: July 16, 2018	-\$10
2 Children	\$100	Total _____		
3 Or more Children	\$150	Total _____	No discount After July 16, 2018	-\$0
			Discount for Catechist/Aides	-\$20

All Fees must be paid by October 31

Total fees Faith Formation \$ _____

Office Use Only:

Date Received _____ Amount _____

\$ _____
Cash _____ Check# _____ Visa/MC _____

Receipt# _____

Notes: _____

Thank You for your Support!!

Parent Survey

Name: _____

Phone: _____

Email: _____

Child/Children's names: _____

1. I consider myself a...
 - Practicing Catholic who follows the teachings of the church
 - Person who was raised Catholic, but not actively practicing
 - Not Catholic
 - Not religious

2. I am enrolling my child in Faith Formation/Youth Ministry because...
 - I want them to encounter Jesus and learn to live a Christian life
 - It's a family "coming of age" tradition to receive First Communion
 - It is more important to someone in my life that my child receives religious education than it is to me.

3. Praying every day with my child is something that I ...
 - Definitely try to do.
 - Do not do, but would like to start
 - Do not do, and do not wish to do

4. Going to Mass on every Sunday and Holy Day of Obligation is...
 - Sometimes hard, but is important to do
 - Something we try to do at least once per month
 - A rare occurrence in our household.

5. My spouse and I have received Baptism, First Communion and Confirmation
 - Yes, both of us.
 - No.... (explain who needs which sacraments below)

6. My spouse and I were married in the Catholic Church.
 - Yes.
 - No, but we would like to have our civil marriage convalidated (blessed and made sacramental).
 - I am unmarried/separated/divorced.

CONFIDENTIAL
PLEASE PRINT CLEARLY

ST. MICHAEL PARISH REGISTRATION
458 Maple Street, Livermore CA 94550

FAMILY NAME/LAST	FIRST	SPOUSE	OFFICE
ADDRESS	CITY	ZIP CODE	Reg. No.
HOME PHONE NO. (Include Area Code)	(His) CELL PHONE NO.	(Hers) CELL PHONE NO.	Date Reg.
FAMILY E-MAIL ADDRESS	(His) E-mail Address	(Hers) E-mail Address	<input type="checkbox"/> Check here if you do not wish to receive our weekly newsletter.
			WIFE'S MAIDEN NAME

FIRST NAME (and last if different from family name)	Middle Initial	Male or Female	Date Of Birth	Occupation	Marital Status (see "A" below)	Religion (see "B" below)	Baptized (Year/No)	1st Communion (Year/No)	Confirmation (Year/No)	Ethnicity

A: MARITAL STATUS 1 - Catholic Marriage 2 - Divorced 3 - Married/Nor-Catholic Marriage 4 - Separated 5 - Single 6 - Widow/Widower	B: RELIGION 1 - Catholic 2 - Not Baptized 3 - Other	COMMENTS : _____ _____ _____ _____
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