



Middle School Ministry Registration

458 Maple Street, Livermore, CA 94550
925-667-4096

REGISTRATION CHECKLIST

- Fill out and complete the application thoroughly and legibly.
- Gather your child/teen's Birth Certificate.
- Gather the tuition fee. We accept, cash, check or credit card.

Come in person to register

In the Parish Hall, 326 Maple Street
August 23, August 25 or August 31, 11:00 am – 4:00 pm
August 24 or 30, 1:00 pm – 6:00 pm

***ALL DOCUMENTS MUST BE SUBMITTED AT TIME OF REGISTRATION
NO EARLY OR LATE REGISTRATIONS WILL BE ACCEPTED***



English Middle School Registration

Please fill out ONE application per child

Student and Family Information

Student's First Name _____ Middle _____ Last _____

Street _____

Address _____

City _____ Zip Code _____ Age October 2022 _____

Student Cell Phone# (_____) _____

Student Email _____

Family Registered at St. Michael Parish? Yes No

If not registered at St. Michaels, where? _____

If not registered with a parish, you must fill out a St. Michael Parish Registration Form.

Parent/Guardian Information

What language does the primary Parent prefer? (Circle one) English Spanish

Mother / Legal Guardian First Name _____ Last _____

Maiden Name (name prior to marriage) _____

Cell # (_____) _____ Work # (_____) _____ Email: _____

Religion: Catholic ___ Other (please Specify) _____

Father / Legal Guardian First Name _____ Last _____

Cell # (_____) _____ Work # (_____) _____ Email: _____

Religion: Catholic ___ Other (please Specify) _____

Marital Status (check one): Married (in Catholic Church) Married (not in Catholic Church) Separated

Widow(er) Divorced Single

Is there any custody information we should be aware of, please explain:

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: _____

Has your child had difficulty with the following (check all that apply): Asthma Fainting Spells

Convulsions Diabetes Heart Eyes Ears Nose Throat Lungs Digestion Menstrual

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: _____

Model Release Statement for Photos, Videos & Livestreams

- I hereby GRANT-** Permission for my child(ren) named on this form to be photographed, videotaped and/or livestreamed during 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 St. Michael Catholic First Communion Program.
- I hereby DECLINE-** Permission for my child(ren) named on this form to be photographed, videotaped and/or livestreamed.

Parental Permission and Acknowledgement 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 **St. Michael Catholic Church First Communion Sacrament Preparation Program**, and all related activities, including but not limited to transportation to and from this youth ministry event.
2. I/we agree to direct my/our child 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 as a result of his/her participation in this event, whether or not caused by the negligence of parish, youth ministry program employees, agents or volunteers 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 facilities, vehicle accidents while in transport or through the activity itself.
5. My child has permission to engage with his/her faith formation class via video conferencing (i.e. Zoom) as necessary and be recorded.

Release & Waiver of Liability & Indemnity Agreement

In consideration for being permitted to participate in **St. Michael Catholic Church First Communion Sacrament Preparation Program**, 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 an 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 "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.
2. 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 Releasees or otherwise.
3. 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.

I have read this agreement and understand everything written above.

Date _____

Signature of Parent or Guardian

Tuition

Please make checks payable to: **St. Michael Church**
100% Tuition must be received with a registration packet.

First Communion Preparation Tuition:

- 1 Child.....\$125
- 3+ Children.....\$300

OFFICE USE ONLY

Date Received: _____ Amount Received: _____

Cash Card Check # _____

Receipt #: _____

Notes: _____

