St. Patrick Catholic Church

2021-2022 Faith Formation, Confirmation & Youth Ministry Registration Form

. 825 7th Street, Rodeo, CA 94572 (510) 799-4434, (510) 799-5681 fax Website: www.stpatrickrodeo.org

Email: ffe@stpatrickrodeo.org

(ONE FORM PER FAMILY)				
Amount Paid:(Circle)	Payment Date: By: Cash \$ Check # / \$			
\$70 (1 child) / \$120 (2 children) / \$160 (3 children) \$190 (4+ children)	Casil \$7 \$7			
Financial Assistance/Catechist/Volunteer (Scholarship Form required)	Payment Plan:			

Family Information

Last Name:	_ Other family names used:
Street Address:	
City/State/Zip:	Home Phone: ()
Family Email:	Church family attends:

Complete this section if child(ren) does not reside with birth parents.				
Stepfather/Guardian	:	Stepmother/Guardia	n:	
Religion:		Religion:		
Work #:	Cell #:	Work #:	Cell #:	

Birth Parents Information

Marital Status: (circle) Single / Married / Divorced / Separated / Widowed / Domestic Partners

Fi	irst Name	Last Name	F	irst Name	Last Name	Maiden Name
Father:			Mother:			
Religion:			Religion:			
Work #:	Cell #:		Work #:	(Cell #:	
Email:			Email:			
Address (if di	fferent from above)		Address (i	if different fror	n above)	

Emergency Contact Information

1 st Person (Other than parents/guardians)		2 nd Person (Other than parents/guardians)	
Name:		Name:	
Relationship:		Relationship:	
Home #:	Cell/Other #:	Home #: Cell/Other #:	
Email:		Email:	

Emergency Information

Do you authorize the adult lea	ader to	authorize	e medical treatment for your child(ren) in an emergency, as considered necessary by the
attending physician? (circle)	Yes	No I	f no, state any reasons why you do not want medical care given to your child(ren) in an
emergency:			

Family Physician:		Phone: ()
Family Physician Address:		City/Zip:
Medical Insurance Name:		
Member ID #:	_ Group #:	Plan #:

Parental Permission & Acknowledgement of Conditions for Participation in Program

List child(ren) registered in 2021-2022 St. Patrick Faith Formation & Evangelization Programs/Ministries: (First & Last Name and Grade Level)

1. I/we, parent/authorized guardian of the child(ren) listed above give permission for his/her participation in the religious and social activities, and all related activities, including but not limited to transportation to and from programs(s)/event(s) sponsored by the Diocese of Oakland and St. Patrick Catholic Church, Rodeo, CA.

2. I/we agree to direct my/our child(ren) to cooperate and comply with reasonable directions and instructions from St. Patrick Faith Formation & Evangelization Office 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 these event(s), whether or not caused by the negligence of parish, St. Patrick Faith Formation & Evangelization Office employees, agents or volunteers or other participants.

4. I/we understand that youth participating in St. Patrick Faith Formation & Evangelization Office program/events 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 & Waiver of Liability & Indemnity Agreement

In consideration for being permitted to participate in St. Patrick Faith Formation & Evangelization programs/events, 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 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(ren), parent or guardian 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 Releasees from any loss, liability, damage or cost it may incur due to the presence of the minor child(ren), parent or guardian in, upon or about the premises of the Diocese, its facilities or equipment, or while participating in any St. Patrick Faith Formation & Evangelization activities/events whether caused by the negligence of Releasees or otherwise.

3. That the parent/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)* <u>GRANT</u> / <u>DECLINE</u> permission for my child(ren) named on this form to be photographed and/or videotaped during any St. Patrick Faith Formation & Evangelization 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 website, etc) for the purpose of promoting the activities of St. Patrick Catholic Church, Rodeo, CA.

I have read and agree with all conditions stated in this participation/liability form.

	1 st Student's I	nformation			
Program Choices:	First Namo:	MI Last:			
Check all that apply	First Name:	IVII LdSL	Gender		
Children Faith Formation	Email:	Cell #: : ()			
(Preschool–5 th Gr)	Date of Birth:// Birthpla				
Edge Middle	School: City	of School:	Grade:		
School Ministry (6 th - 8 th Gr) Sacramental Preparation (Year 1)	List all conditions (such as allergies, seizu and state the type and frequency of medic Student had difficulty with the following <i>(cl</i> AsthmaFainting Spells Convulsi Menstrual Problems Other:	ation given: neck all that apply): ons Diabetes Heart _	Eyes Digestion		
Sacramental Preparation	List any physical restriction or restriction fo	or any activity on the basis o Date of last physical ex			
(Year 2)	Sacraments: (If baptismal certificate is not on file, p	lease submit to the Faith Formation	& Evangelization Office.)		
Confirmation Journey	<i>Baptized:</i> □ No □ Yes, Church:		Date:		
$(10^{th} - 12^{th} Gr)$	Address:	City:	State:		
Youth Ministry/ LifeTeen	<u>1st Reconciliation:</u> □ No □ Yes				
$(9^{th} - 12^{th} Gr)$	$\underline{1^{st} Communion:}$ \Box No \Box Yes, Church:		Date:		
Other:	Address:	City:	State:		
	<i>Confirmation:</i> □ No □ Yes, Church:		Date:		
	Address:	City:	State:		
2 nd Student's Information					
	2 Student 3 i				
Program Choices:					
Check all that apply	First Name:	MILast:	Gender		
Check all that apply Children Faith		MILast:	Gender		
Check all that apply	First Name:	MI Last: Cell #: : ()	Gender Male / Female		
Check all that apply Children Faith Formation	First Name: Email: Date of Birth:// Birthpla	MILast: Cell #: : () ce: (<i>City</i>) of School: res) for which this student r ation given: neck all that apply): ons Diabetes Heart _	Gender Male / Female (State) Grade: equires ongoing medication		
Check all that apply Children Faith Formation (Preschool-5 th Gr) Edge Middle School Ministry (6 th - 8 th Gr) Sacramental Preparation (Year 1) Sacramental	First Name:	MILast: Cell #: : () ce: (City) of School: res) for which this student r ation given: neck all that apply): ons Diabetes Heart or any activity on the basis of	Gender Male / Female(State) Grade: equires ongoing medication Eyes Digestion of medical condition:		
Check all that apply Check all that apply Formation (Preschool–5 th Gr) Edge Middle School Ministry (6 th - 8 th Gr) Sacramental Preparation (Year 1)	First Name:	MI Last: Cell #: : () ce: (City) of School: res) for which this student r ation given: neck all that apply): ons Diabetes Heart or any activity on the basis of Date of last physical ex	Gender Male / Female (State) Grade: equires ongoing medication Eyes Digestion of medical condition: camination:		
Check all that apply Check all that apply Formation (Preschool—5 th Gr) Edge Middle School Ministry (6 th - 8 th Gr) Sacramental Preparation (Year 1) Sacramental Preparation (Year 2)	First Name:	MILast: Cell #: : () of School: res) for which this student r ation given: neck all that apply): ons Diabetes Heart or any activity on the basis of Date of last physical ex- blease submit to the Faith Formation	Gender Male / Female (State) Grade: equires ongoing medicationEyes Digestion of medical condition: camination: & Evangelization Office.)		
Check all that apply Children Faith Formation (Preschool—5 th Gr) Edge Middle School Ministry (6 th - 8 th Gr) Sacramental Preparation (Year 1) Sacramental Preparation (Year 2) Confirmation Journey	First Name:	MILast: Cell #: : () of School: res) for which this student r ation given: neck all that apply): ons Diabetes Heart or any activity on the basis of Date of last physical ex- please submit to the Faith Formation	Gender Male / Female (State) Grade: Grade: equires ongoing medication Eyes Digestion of medical condition: amination: & Evangelization Office.)Date:		
Check all that apply Children Faith Formation (Preschool–5 th Gr) Edge Middle School Ministry (6 th - 8 th Gr) Sacramental Preparation (Year 1) Sacramental Preparation (Year 2) Confirmation	First Name:	MILast: Cell #: : () of School: res) for which this student r ation given: neck all that apply): ons Diabetes Heart or any activity on the basis of Date of last physical ex- please submit to the Faith Formation	Gender Male / Female (State) Grade: Grade: equires ongoing medication Eyes Digestion of medical condition: amination: & Evangelization Office.)Date:		
Check all that apply Check all that apply Children Faith Formation (Preschool-5 th Gr) Edge Middle School Ministry ($6^{th} - 8^{th}$ Gr) Sacramental Preparation (Year 1) Sacramental Preparation (Year 2) Confirmation Journey ($10^{th} - 12^{th}$ Gr)	First Name:	MI Last: Cell #: : () ce: (City) of School: res) for which this student reation given: neck all that apply): ons Diabetes Heart or any activity on the basis of Date of last physical ex- please submit to the Faith Formation City:	Gender Male / Female (State) Grade: equires ongoing medication Eyes Digestion Digestion f medical condition: amination: & Evangelization Office.) Date: State:		
Check all that apply Check all that apply Children Faith Formation (Preschool-5 th Gr) Edge Middle School Ministry ($6^{th} - 8^{th}$ Gr) Sacramental Preparation (Year 1) Sacramental Preparation (Year 2) Confirmation Journey ($10^{th} - 12^{th}$ Gr) Youth Ministry/ LifeTeen	First Name:	MI Last: Cell #: : () ce: (City) of School: res) for which this student restion given: neck all that apply): ons Diabetes Heart or any activity on the basis of Date of last physical ex- please submit to the Faith Formation City:	Gender Male / Female (State) Grade: equires ongoing medication Eyes Digestion Digestion of medical condition: amination: & Evangelization Office.) Date: Date:		
Check all that apply Children Faith Formation (Preschool-5 th Gr) Edge Middle School Ministry ($6^{th} - 8^{th}$ Gr) Sacramental Preparation (Year 1) Sacramental Preparation (Year 2) Confirmation Journey ($10^{th} - 12^{th}$ Gr) Youth Ministry/ LifeTeen ($9^{th} - 12^{th}$ Gr)	First Name:	MILast: Cell #: : () ce: (City) of School: res) for which this student r reation given: neck all that apply): ons Diabetes Heart or any activity on the basis of Date of last physical ex- lease submit to the Faith Formation City:	Gender Male / Female (State) Grade: equires ongoing medication Eyes Digestion Digestion of medical condition: amination: & Evangelization Office.) Date: Date: Date:		

		Date Office Recorded:	By: (Family ID #)		
	3	rd Student's Information			
Program Choices: Check all that apply	First Name:	MI Last:			
Children Faith			Gender		
Formation	Email:	Cell #: : ()	Male / Female		
(Preschool–5 th Gr)		Birthplace: (City)	(State)		
Edge Middle		City of School:	Grade:		
School Ministry (6 th - 8 th Gr)	and state the type and frequ		equires ongoing medication		
Sacramental Preparation (Year 1)	AsthmaFainting Spell	e following <i>(check all that apply):</i> s Convulsions Diabetes Heart _ 0ther:	_ Eyes Digestion		
Sacramental Preparation		or restriction for any activity on the basis o Date of last physical ex			
(Year 2)	Sacraments: (If baptismal certific	ate is not on file, please submit to the Faith Formation	& Evangelization Office.)		
Confirmation		ırch:			
Journey	Address:	City:	State:		
(10 th – 12 th Gr) Youth Ministry/	<u>1st Reconciliation:</u> □ No □ `	Yes			
LifeTeen $(9^{th} - 12^{th} Gr)$	<u>1st Communion:</u> 🗆 No 🗆 Ye	es, Church:	Date:		
Other:	Address:	City:	State:		
	$\underline{Confirmation:} \square \text{ No } \square \text{ Yes},$	Church:	Date:		
	Address:	City:	State:		
	4	th Student's Information			
<u>Program Choices:</u> Check all that apply	First Name:	MI Last:			
Children Faith	Emoli.		Gender		
Formation		Cell #: : ()			
(Preschool–5 th Gr)		Birthplace: (City)			
Edge Middle School Ministry	School:	City of School:	Grade:		
(6 th - 8 th Gr)		lergies, seizures) for which this student re of medication given:			
Sacramental Preparation (Year 1)	AsthmaFainting Spells	e following <i>(check all that apply):</i> s Convulsions Diabetes Heart ther:			
Sacramental Preparation (Year 2)	List any physical restriction or restriction for any activity on the basis of medical condition: Date of last physical examination:				
Confirmation	Sacraments: (If baptismal certifice	ate is not on file, please submit to the Faith Formation	& Evangelization Office.)		
Journey $(10^{th} - 12^{th} Gr)$	<i>Baptized:</i> □ No □ Yes, Chu	rch:	Date:		
$\frac{10^{10} - 12^{10} \text{ Gr}}{\text{Youth Ministry}}$	Address:	City:	State:		
LifeTeen (9 th – 12 th Gr)	1 st Reconciliation: No	Yes			
(5 12 0/)					
Other:	 <u>1st Communion:</u> □ No □ Ye	s, Church:	Date:		
		s, Church: City:			
	Address: <u>Confirmation:</u>		State: Date:		

		Date Office Recorded:	By: (Family ID #)	
	5 th Stud	lent's Information		
Program Choices:	First Name:	MI Last:		
Check all that apply Children Faith Formation	Email:		Gender	
(Preschool–5 th Gr)	Date of Birth:// B			
Edge Middle	School:	City of School:	Grade:	
School Ministry (6 th - 8 th Gr)	List all conditions (such as allergies and state the type and frequency o	s, seizures) for which this student r f medication given:		
Sacramental Preparation (Year 1)	Student had difficulty with the follow AsthmaFainting SpellsC Menstrual ProblemsOther:	onvulsions Diabetes Heart _	_ Eyes Digestion	
Sacramental Preparation	List any physical restriction or restr	iction for any activity on the basis o Date of last physical ex		
(Year 2)	Sacraments: (If baptismal certificate is no			
Confirmation	Baptized: □ No □ Yes, Church: _		Date:	
Journey	Address:	City:	State:	
(10 th – 12 th Gr) Youth Ministry/	<u>1st Reconciliation:</u> □ No □ Yes			
LifeTeen (9 th – 12 th Gr)	<u>1^{st} Communion:</u> \Box No \Box Yes, Chu	ırch:	Date:	
Other:	Address:	City:	State:	
	<i><u>Confirmation:</u></i> □ No □ Yes, Churc	h:	Date:	
	Address:	City:	State:	
	6 th Stud	dent's Information		
<u>Program Choices:</u> Check all that apply	First Name:	MI Last:	Gender	
Children Faith Formation	Email:	Cell #: : ()		
(Preschool–5 th Gr)	Date of Birth:/ B	irthplace: (City)	(State)	
Edge Middle School Ministry	School:			
(6 th - 8 th Gr)	List all conditions (such as allergies state the type and frequency of me			
Sacramental Preparation (Year 1)	Student had difficulty with the follow AsthmaFainting SpellsCo Menstrual ProblemsOther:	onvulsions Diabetes Heart _		
Preparation (Year 2)	Sacramental Preparation List any physical restriction or restriction for any activity on the basis of medical condition			
Confirmation	Sacraments: (If baptismal certificate is not	t on file, please submit to the Faith Formation	& Evangelization Office.)	
Journey $(10^{th} - 12^{th} Gr)$	<i>Baptized:</i> □ No □ Yes, Church:		Date:	
Youth Ministry/	Address:	City:	State:	
LifeTeen (9 th – 12 th Gr)	$\underline{1^{st} Reconciliation:} \square No \square Yes$			
Other:	<u>1st Communion:</u> □ No □ Yes, Chu	rch:	Date:	
	Address:	City:	State:	
	Confirmation: 🗆 No 🗆 Yes, Church	n:	Date:	
	Address:	City:	State:	