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# 2018-19 Faith Formation Registration Checklist

*Lista Para la Registración de Formación de Fe 2018-19*

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**Religious Education Administrator/ Administrador de Educación Religiosa:**

Moises Roberto De Leon

**Office/Oficina:**(510) 790-3207 x 103 **Email:** faithformation@corpuschristifremont.org

Monday ENGLISH classes start September 17th, 2017 / Clases los Lunes en INGLES comienzan el 17 de Septiembre, 2017

Tuesday ENGLISH classes start September 18, 2017 / Clases los Martes en INGLES comienzan el 18 de Septiembre, 2017

Saturday SPANISH classes start September 22th, 2017 / Clases los Sábados en ESPAÑOL comienzan el 22 de Septiembre, 2017

## **Requirements / Requisitos:**

- Registration Form (one per child) / Formulario de Registración (uno por estudiante)
- Parental Permission, Health Authorization, Release Form / Autorización Paterna, Autorización de Salud, Formulario de Comunicado
- Birth Certificate Copy / Copia de Certificado de Nacimiento
- Baptism Certificate Copy / Copia de Fe de Bautismo
- First Communion Certificate Copy (if applies) / Copia de Certificado de Primera Comunión (si aplica)
- Registration Payment (made at time of registration) / Pago de registraci3n (al tiempo de entregar la registraci3n):
  - Fees for 2018-2019 / Cuotas para el 2018-2019
  - Payment must be made at the Parish Office / El pago debe ser hecho en la Oficina Parroquial
  - \$100 for one child / \$100 por un estudiante
  - Early Registration : \$90 for one child before July 30<sup>th</sup>, 2018 (Paid in Full)  
Registracion Temprano \$90 por un estiadante antes del 30 de Julio del 2018 (Pago Total)
  - \$30 for every additional child / \$30 por cada estudiante adicional
  - **Confirmation II Retreat/ Confirmacion II Retiro- \$150 (Adicional)**

## **Select one Class / Seleccione una Clase:**

### **MONDAY ENGLISH CLASSES – 5PM**

#### **LUNES CLASES EN INGLES -5PM**

- 1<sup>st</sup> Year FIRST COMMUNION / 1er AÑO PRIMERA COMUNION
- 2<sup>nd</sup> Year FIRST COMMUNION / 2ndo AÑO PRIMERA COMUNION
- 1<sup>st</sup> Year CONFIRMATION 6:30PM / 1er AÑO CONFIRMACION 6:30PM

### **TUESDAY ENGLISH CLASSES – 6:30PM**

#### **CLASES EN INGLES LOS MARTES – 6:30PM**

- 2<sup>nd</sup> Year CONFIRMATION / 2ndo AÑO CONFIRMACION

### **SATURDAY SPANISH CLASSES – 9AM**

#### **CLASES EN ESPAÑOL LOS SABADOS -9AM**

- 1<sup>st</sup> Year FIRST COMMUNION / 1er AÑO PRIMERA COMUNION
- 2<sup>nd</sup> Year FIRST COMMUNION / 2ndo AÑO PRIMERA COMUNION

# **Corpus Christi Faith Formation Program 2018-2019**

Faith Formation Office 37968 Third Street Fremont, CA 94536

Religious Education Administrator: Moises Roberto De Leon

Office:(510) 790-3207 x 103 email: faithformation@corpuschristifremont.org

Are you registered at Corpus Christi? YES \_\_\_\_\_ NO \_\_\_\_\_

## **Student Information: (one form per child)**

Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Student Age: \_\_\_\_\_

Parent EMAIL ADDRESS: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place: \_\_\_\_\_ Current School: \_\_\_\_\_ Grade: \_\_\_\_\_

Parish of Attendance: \_\_\_\_\_ Special Needs: \_\_\_\_\_

Mother's (Maiden) Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mother's Cell: \_\_\_\_\_ Father's Cell: \_\_\_\_\_

Mother's Work Phone: \_\_\_\_\_ Father's Work Phone: \_\_\_\_\_

If Parent's address is different from child, please note here:

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

If Not a Parent but a Guardian to the Student state this here: \_\_\_\_\_

## **BIRTH CERTIFICATE AND SACRAMENT CERTIFICATES MUST BE ATTACHED**

Has your child been Baptized? Yes \_\_\_ No \_\_\_ Date(Month/Day/Year): \_\_\_\_\_

Parish and City: \_\_\_\_\_

Has your child received First Communion? Yes \_\_\_ No \_\_\_ Date(Month/Day/Year): \_\_\_\_\_

Parish and City: \_\_\_\_\_

## **Faith Formation Course child will enroll in:**

### **MONDAY ENGLISH CLASSES – 5PM**

- 1<sup>st</sup> Year FIRST COMMUNION
- 2<sup>nd</sup> Year FIRST COMMUNION
- 1<sup>st</sup> Year CONFIRMATION **6:30PM**

### **TUESDAY ENGLISH CLASSES – 6:30PM**

- 2<sup>nd</sup> Year CONFIRMATION

### **SATURDAY SPANISH CLASSES – 9AM**

- 1<sup>st</sup> Year FIRST COMMUNION
- 2<sup>nd</sup> Year FIRST COMMUNION

Registering additional children: Yes \_\_\_\_\_ No \_\_\_\_\_

Name of other children you will be registering, class enrolling in and ages:

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All sponsors you select for your child(ren) must be baptized, confirmed and be active in taking communion. They must be Adults of at least 16 years of age. If married, they must be married with in the Catholic Church. These requirements can be found in our Catechism of the Catholic Church and on the Vatican's website which is: [www.vatican.va](http://www.vatican.va) .

Name(s) of Sponsor(s): \_\_\_\_\_

Does your child have any Health Concerns or Conditions? Yes \_\_\_\_\_ No \_\_\_\_\_

If so inform what are these conditions and list any medication and/or treatment:

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In case of an Emergency whom do you authorize us to call and release your child to?

1. \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

2. \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

3. \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Please read carefully and sign below:

I/We as parents/guardians are responsible to notify Corpus Christi Parish, Faith Formation Office of any health condition and treatment of our child. It is My/Our responsibility to inform Corpus Christi Parish Office of our medical insurance, doctor and where our child needs to be transported in case of an emergency. I/We the Parents/Guardians of the above child mentioned in this registration form hereby give permission for his/her participation in Corpus Christi Parish Faith Formation programs and activities for the school year of \_\_\_\_\_. I/We assume all risks and hazards incidental to such participation including transportation to and from the activities. I/We do Hereby waive, release, absolve, indemnify and agree to hold harmless the organizers, sponsors, supervisors, participants, and persons teaching, assisting as well as transporting my child to and from faith formation activities, I release any responsibility from any claim arising out of any injury to my child, whether it be the result of negligence or from any other cause, except to the extent and the amount covered by Accidental or Liability Insurance.

I/We the parents/guardians mentioned in this registration stipulate and therefore, grant permission and authorize Corpus Christi Parish and Faith Formation Office/Programs to take pictures and or video of my child and can use them in the activities of Corpus Christi bulletin and or any other media/documents of Corpus Christi Parish and Faith Formation Office and/or Diocese of Oakland, that they will have during the school year of \_\_\_\_\_.

If you do NOT want your child to be photographed, please indicate here, circle: **DECLINE**

\_\_\_\_\_  
DATE: \_\_\_\_\_

Parent/Guardian Signature (Signature of one parent will suffice).

For Office Use:

Amount Paid: \_\_\_\_\_ Cash / Check \_\_\_\_\_ / Credit Card

Date: \_\_\_\_\_

Received by: \_\_\_\_\_

## HEALTH AND MEDICAL INFORMATION

Child's Physician: \_\_\_\_\_ Office Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Date of last physical exam: \_\_\_\_\_

Medical Plan: \_\_\_\_\_ Plan ID# \_\_\_\_\_

Do you authorize the adult leader to authorize medical treatment to your child in an emergency, as considered necessary by the attending physician? YES or NO

If NO, briefly state reason why you do not want medical care given to your child in an emergency:

\_\_\_\_\_

My child has difficulty with the following (circle all that apply)

ASTHMA FAINING CONVULSIONS DIABETES HEART EYES EARS/HEARING NOSE THROAT  
MIGRAINES DIGESTION MENSTRUAL PROBLEMS DAIRY ALLERGY NUT/PEANUT ALLERGY SEASONAL  
ALLERGIES ADHD

OTHER: \_\_\_\_\_

List all conditions for which your child requires ongoing medication and state the type and frequency of medication:

\_\_\_\_\_

List any restrictions for any activity on the basis of a medical condition(s): \_\_\_\_\_

### PARENTAL PERMISSION AND ACKNOWLEDGEMENT OF CONDITIONS FOR PARTICIPATION IN PROGRAM

1. I/WE, parent or authorized guardian of \_\_\_\_\_ give permission of his/her participation in **Corpus Christi Faith Formation** and all related activities, including but not limited to transportation to and from youth ministry events.
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 or program, whether or not caused by the negligence of parish staff, Faith Formation employees, volunteers, agents 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 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 of being permitted to participate in, **Corpus Christi Faith Formation**, 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 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 therefor on account of serious or mortal injury to the body, injury to the psyche or property of the minor child, parent or guardian is participating in this event/program or in, upon or about the premises of the Diocese of 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 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 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: PLEASE CIRCLE BELOW\*\*\*** I/WE, hereby (Circle One) GRANT / DECLINE permission for my child named on this form to be photographed and/or videotaped during 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 promoting the activities of Corpus Christi Parish.

**I have read this Agreement and understand everything written above.**

**Signature of Parent or Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature of Parent or Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_