



FOR OFFICE USE ONLY: ID# _____
202__ - 202__

ST. EDWARD FAITH FORMATION REGISTRATION

FAMILY INFORMATION

We are a: Returning Family _____ New Family _____

Are you registered at St. Edward? Yes ___ If not, where are you registered? _____

MAILING ADDRESS: _____ CITY/ZIP: _____

EMAIL ADDRESS: _____

WHO DO THE CHILDREN LIVE WITH? _____

FATHER'S NAME		MOTHER'S NAME	
WORK PHONE #		WORK PHONE #	
CELL PHONE		CELL PHONE	
RELIGION		RELIGION	
LANGUAGE		LANGUAGE	
ETHNICITY		ETHNICITY	

MARITAL STATUS: (CIRCLE ONE)

CATHOLIC CHURCH CIVIL ONLY SINGLE SEPARATED DIVORCED OTHER

PAST/ONGOING RELIGIOUS EDUCATION

Have **ANY** of your children ever attended St. Edward Faith Formation in the past, and if so, Please indicate child/children's name(s) and the year attended?

Do you bring the children to Mass regularly? _____ Which church? _____

ST. EDWARD FAITH FORMATION REGISTRATION

CHILD'S NAME: First: _____ Last: _____ Circle Gender: Girl Boy
School: _____ Grade: _____ Ethnicity: _____
(NFC OFC OE 1C 2C)

CHILD'S NAME: First: _____ Last: _____ Circle Gender: Girl Boy
School: _____ Grade: _____ Ethnicity: _____
(NFC OFC OE 1C 2C)

CONFIRMATION SACRAMENTAL EXPECTATIONS

I/We, the parent(s), are here to partner with and support you in this important role. The success of this program relies a lot on our efforts and participation. I/We realize that the Confirmation sessions can only complement and support our own efforts to teach and guide our child/children according to the Catholic Faith tradition. To achieve this goal I/we, the parent(s), will give our best effort to commit to the following:

- Candidate will attend weekly classes.
 - If absent more than **3 sessions**, they will need to repeat the year.
- Attend Mass weekly and complete mass journals.
- Candidate needs to attend a yearly retreat.
- Candidate must complete 10 community service hours.

Child must be enrolled in Faith Formation and complete a minimum **two-years** in the program to receive Confirmation. Before the first class in September, child must choose:

- **1st Year**
 - a sponsor in good standing
- **2nd Year**
 - a saint name

(Print) Name of Student

Parent Signature

Date

EMERGENCY, HEALTH, AND DISMISSAL INFORMATION

STUDENT NAME _____ SCHOOL GRADE _____

MOTHER NAME _____ PHONE _____

FATHER NAME _____ PHONE _____

PERSONS TO WHOM YOU GIVE ST. EDWARD PERSONNEL PERMISSION TO DISMISS YOUR CHILD IN THE EVENT OF AN EMERGENCY:

NAME RELATIONSHIP TO CHILD PHONE

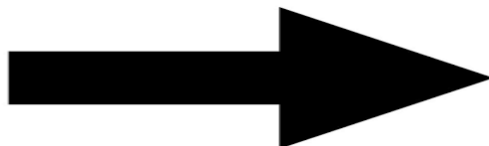
NAME RELATIONSHIP TO CHILD PHONE

NAME RELATIONSHIP TO CHILD PHONE

WHAT ALLERGIES DOES THIS CHILD HAVE? _____

CHRONIC ILLNESSES (i.e. asthma, diabetes, heart disease, epilepsy, etc.)? _____

LIST ANY AND ALL REGULAR MEDICATIONS AND WHAT EACH MEDICATION IS FOR:



PLEASE COMPLETE BOTH SIDES OF THIS FORM

Parental Permission and Acknowledgment of Conditions for Participating in Program

1. I/we, parent or authorized guardian of _____ give permission for his/her participation in St. Edward's Faith Formation Program, and all related activities, including but not limited to classes, retreats, and transportation to and from related events.
2. I/we agree to direct my/our child to cooperate and comply with reasonable directions and instructions from catechetical 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.
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.

RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT

In consideration for being permitted to participate in St. Edward's Faith Formation Program, use the equipment provided and to enter the premises or facilities 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 "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.

Photo Release Statement

I hereby _____GRANT/ _____DECLINE permission for my child(ren) named on this form to be photographed and/or videotaped at 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. Edward Church.

I have read this Agreement and understand everything written above.

Signature of Parent or Guardian _____ Date _____