

ST. JOHN VIANNEY FAITH FORMATION
1650 YGNACIO VALLEY ROAD
WALNUT CREEK, CA 94598
PHONE: 925-939-9544

2010-2011

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

FAMILY NAME: _____ Circle One: Mr. & Mrs. Ms. Mr. Other _____

ADDRESS: _____ Home Phone: _____

CITY: _____ ZIP: _____ Registered in the Parish: Yes No Please send form

Primary E-Mail Address for Faith Formation Communication _____ @ _____

PARENTS/GUARDIANS INFORMATION

| | |
|---|--|
| <p>Name: _____ <small>First Last Maiden Name</small></p> <p>Relationship: _____ <small>(Mother, Stepmother, Grandmother, etc.)</small></p> <p>Occupation: _____</p> <p>Bus. Phone: () _____</p> <p>Cell Phone: () _____</p> <p>Religion: <input type="checkbox"/> Catholic Other _____</p> <p>Marital Status: Married <input type="checkbox"/> Divorced <input type="checkbox"/> Single <input type="checkbox"/> Widow(er) <input type="checkbox"/></p> | <p>Name _____ <small>First Last</small></p> <p>Relationship: _____ <small>(Father, Stepfather, Grandfather, etc.)</small></p> <p>Occupation: _____</p> <p>Bus. Phone: () _____</p> <p>Cell Phone: () _____</p> <p>Religion: <input type="checkbox"/> Catholic Other _____</p> <p>Students live with: Both Parents <input type="checkbox"/> Guardian <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/></p> |
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STUDENT INFORMATION

Has your child received the following Sacraments?

| Student's Name | Grade in 2010-11 | Sex M/F | School | Birthdate | Baptised Roman Catholic | | Reconciliation | | Eucharist | | Confirmation | |
|----------------|------------------|---------|--------|-----------|-------------------------|----|----------------|----|-----------|----|--------------|----|
| | | | | | Yes | No | Yes | No | Yes | No | Yes | No |
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CLASS INFORMATION

FEES

| | |
|--|---|
| <p>Sunday Preschool Program - 3 years old through Kindergarten Meets Sundays at 9:00 a.m.</p> <p align="center">3 year old <input type="checkbox"/> 4 year old <input type="checkbox"/> Kindergartener <input type="checkbox"/></p> <p>Elementary Classes meet 4-5:00 pm or Thurs evening 6:30-7:30 pm (Please indicate 1st, 2nd, 3rd and 4th choice for day preference.)</p> <p align="center">Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs Evening <input type="checkbox"/></p> <p>Middle School Program <input type="checkbox"/> 6th Grade Monday 7-8:30 pm <input type="checkbox"/> 7th Grade Tuesday 7-8:30 pm <input type="checkbox"/> 8th Grade Tuesday 7-8:30 pm</p> <p>High School Program Wednesday 7:30 – 9:00 <input type="checkbox"/></p> <p>Home Individual Option <input type="checkbox"/> or Group Option <input type="checkbox"/> (Small Christian Community Style)</p> | <p>Preschool \$75.00 per student</p> <p>Elementary/Middle School 1 Student - \$100.00 2 Students - \$150.00 3 or more Students - \$200.00</p> <p>High School \$100.00 per student</p> <p>Home Individual Option \$50.00 per student Home Group Option \$100 per Family</p> |
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SACRAMENTS OF INITIATION:

Please if you would like to receive Registration information for any of this year's Sacrament Programs.

Baptism Reconciliation Eucharist Confirmation
 Sacrament preparation programs are separate programs requiring appropriate registration forms and fees. One year of previous faith formation is required.

For office use:
 Total paid _____
 Check # / cash _____
 Date paid _____

Adult Involvement in Faith Formation: those ministries you would like to participate in.

Children's Liturgy of the Word (Sundays during 9:00 am Mass)

- I would be interested in training as a catechist
- I would be interested in helping (timekeeper, aide)

Preschool (Sundays during 9:00 am Mass)

- I would like to teach Grade _____ I would be willing to **substitute teach** for Grade _____
- I would like to **help in the Preschool program**.

Elementary (Monday through Wednesday 4:00 – 5:00 pm) (Thursday Evening 6:30 – 7:30 pm)

- I would like to teach Grade _____
 Monday Tuesday Wednesday Thursday Evening
- I would be willing to **substitute teach** in Grade _____
 Monday Tuesday Wednesday Thursday Evening
- I would be willing to assist in the Faith Formation office **weekly during class time**
(helping teacher's, parent's and children, answering the telephone, copying, etc.)
 Monday Tuesday Wednesday Thursday Evening

Middle School (6th Grade Monday 7:00 -8:30 pm) (7th & 8th Grades Tuesday 7:00 – 8:30 pm)

- I would like to teach Grade _____ I would be willing to **substitute teach** for Grade _____

High School Program (Wednesday 7:15-9:00 pm)

- Adult Leader Name _____

Student Ministries

Ministries for Elementary, Middle and High School Students

if your child would like to commit to any ministry.

- | | | |
|--|---|--|
| <input type="checkbox"/> Altar Server (Grades 4-12) | <input type="checkbox"/> Children's Choir (Grades 1-8) | <input type="checkbox"/> Teen Music (Grades 7-12) |
| Name _____ Grade _____ | Name _____ Grade _____ | |
| Name _____ Grade _____ | Name _____ Grade _____ | |

Ministries for Middle School Faith Formation Students (7th & 8th Grades)

- Lector** for Weekend Liturgies (Name) _____ Grade _____

High School Faith Formation

- Lector** for Weekend Liturgies (Name) _____ Grade _____
- Extraordinary Minister of the Eucharist**
For Weekend Liturgies (Name) _____ Grade _____
(Open to High School students)

DIOCESE OF OAKLAND
Office of Youth and Young Adult Ministry
PARENTAL PERMISSION. HEALTH AUTHORIZATION. RELEASE FORM
THERE MUST BE A COPY OF THIS FORM AT ALL YOUTH MINISTRY ACTIVITIES

Child's Name _____ Parish _____

Address _____ Phone _____
(street, city, zip)

School _____ Grade _____ Date of Birth _____

Parent/Guardians Name _____ Home Phone _____

Address _____ Work Phone _____
(street, city, zip)

Cell Phone -# _____ Email _____

IN CASE OF EMERGENCY, NOTIFY PERSON OTHER THAN PARENT/GUARDIAN:

Name _____ Phone _____

HEALTH AND MEDICAL INFORMATION

Family Physician _____ Phone _____

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: _____

List all conditions (such as allergies, seizures) for which your child requires ongoing medication and state the type of medication given: _____

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 Problems | | | Other | | |

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

Allergy or reaction to any medication: No Yes

List: _____

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

(COMPLETE BACK OF FORM)

