

St. John Vianney Parish Children and Teen Faith Formation

Registration Information for 2010-2011

Enclosed you will find a 2010-11 registration form for our Faith Formation programs. We will begin processing registrations on May 3rd. Over the summer recess registrations can be turned into the parish business office. These registrations will be dated and processed in late August. **Everyone will receive notification of your class assignment in early September.** You may register for all of our various programs and levels (with the exception of Sacraments and summer Bible Camps) on the same form. A **Sacrament registration form** is necessary for the Sacraments of Baptism, Reconciliation, Eucharist or Confirmation. **First Reconciliation, First Eucharist and Confirmation forms will be sent in a few weeks to those who were in our program this past year.**

The salmon colored Diocesan Health Form is also included and must be turned in to the office with any registration form. One health form can be used for multiple children in the family – just indicate which specific information belongs to which child.

All children and teens are welcome in our Faith Formation programs and should not be kept away for financial reasons. The fees indicated on the registration form are collected to ease our expenses. If payment at this time is a hardship, we will be happy to work it out with you.

Questions and concerns about registration should be directed to Sue Ahlback at the Faith Formation office 939-9544.

Faith Formation Programs

Family Vacation Bible School June 20-24, 2010

This summer join **SonQuest Rainforest Family Vacation Bible School**. We begin on June 20 from 5:00–7:00 p.m. and continue Monday, June 21 through Thursday, June 24 from 6:30 to 8:30 p.m. Each evening we will begin with a simple supper. There are sessions for all ages so bring whoever can come whenever they can. Join your St. John Vianney family for a week of **Family Faith-Filled Fun** (and a break from having to decide what to have for dinner every night!!).

Vacation Bible Camp for Kids June 21-25, 2010 9:00 a.m. – Noon

Join pre-schoolers ages 3-5 and students entering grades K-5 at **SonQuest Rainforest Kid's Camp** where kids will encounter the parables of Jesus that will make a difference in their lives! A place to play, sing and enjoy our friends as we learn about our Faith.

Preschool meets on Sunday mornings, October to May, during the 9:00 a.m. Liturgy in order that parents may attend Liturgy in a more prayerful manner. The program is for 3 and 4 year olds and Kindergartners. Enrollment is limited due to classroom space.

Elementary Grade 1-5 classes are offered Monday, Tuesday and Wednesday afternoon from 4:00 – 5:00 p.m. or Thursday evening from 6:30 – 7:30 p.m., October to May. **When completing the registration form please mark your first, second and third choices for class days.** We cannot guarantee your first choice. **You will be notified by e-mail shortly after processing if you do not get your first choice.**

Middle School sessions, October to May

6th Grade – Mondays - 7:00 - 8:30 p.m.

7th Grade – Tuesdays - 7:00 - 8:30 p.m.

8th Grade – Tuesdays - 7:00 - 8:30 p.m.

High School Faith Formation meets on Wednesdays from 7:30 – 9:00 p.m., October to May. Open to all high school students Grades 9 – 12.

Sacrament Preparation Children must be enrolled in a faith formation program for at least one year before beginning the preparation process. If you meet the criteria you can indicate on the registration form that you would like your child to be in sacrament preparation, Information and registration forms will be mailed to you or you can pick them up at the Faith Formation office.

For Baptism please contact Marie Walton at the Parish Office (925-939-7911, ext. 106) or mwalton@sjvianney.org. For First Reconciliation and First Eucharist, students must be 2nd Grade level or above. For Confirmation, students must be 11th Grade level or above.

Faith Formation Options

If your child or children are unable to attend Faith Formation sessions at St. John Vianney or if you prefer a different style of Faith Formation we offer several options:

☞ **Home Study for Individuals**

☞ **Home Study for Groups**

☞ **Family Intergenerational Religious Education**

☞ **Small Christian Communities**

Monthly evening sessions at St. John Vianney Faith Formation Center are offered for individuals and groups participating in Faith Formation options. Both students and parents/families attend these sessions.

**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

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)

