

Child
of
For office use only

Class day
For office use only

Holy Spirit Catholic Church
2016-2017 Youth Faith Formation Registration Form

37588 Fremont Boulevard, Fremont, CA 94536
Office: (510) 456-4974 Fax: (510) 456-4991
Email: hscfaithformation@gmail.com Website: www.hscfaithformation.com

Is child baptized? **(circle) Yes / No** Received First Communion? **(circle) Yes / No**

First Name: _____ **MI** _____ **Last:** _____

Street Address: _____

City/State/Zip: _____ Home Phone: (____) _____ - _____

Gender: Male / Female **Date of Birth:** ____/____/____

Birthplace: (City) _____ (State) _____ (Country, if outside of U.S.) _____

School: _____ **City of School:** _____ **Grade:** _____

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

Student 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: _____

Date of last physical examination: _____

<u>Please Select Class</u> <u>One Class</u>	<i>Class enrollment size may require change of class. Should this happen, families will be notified.</i>
Grades 1-2: Year 1 First Communion Prep	Wednesday: <input type="radio"/> 4:00-5:30 p.m.; Thursday: <input type="radio"/> 6:30-8:00 p.m.; Saturday: <input type="radio"/> 9:00-10:30
Grades 2-3: Year 2 First Communion Prep	Wednesday: <input type="radio"/> 4:00-5:30 p.m.; Thursday: <input type="radio"/> 6:30-8:00 p.m.; Saturday: <input type="radio"/> 9:00-10:30
Grades 3-7: Year 1 First Communion Prep	Wednesday: <input type="radio"/> 4:00-5:30 p.m.; Thursday: <input type="radio"/> 6:30-8:00 p.m.; Saturday: <input type="radio"/> 9:00-10:30 or Saturday: <input type="radio"/> 11:00-12:30
Grades 4-8: Year 2 First Communion Prep	Wednesday: <input type="radio"/> 4:00-5:30 p.m.; Thursday: <input type="radio"/> 6:30-8:00 p.m.; Saturday: <input type="radio"/> 9:00-10:30 or Saturday: <input type="radio"/> 11:00-12:30
Grades 3-5	Wednesday: <input type="radio"/> 4:00-5:30 p.m.; Thursday: <input type="radio"/> 6:30-8:00 p.m.; Saturday: <input type="radio"/> 9:00-10:30 or Saturday: <input type="radio"/> 11:00-12:30
Grades 6-8	Wednesday: <input type="radio"/> 4:00-5:30 p.m.; Thursday: <input type="radio"/> 6:30-8:00 p.m.; Saturday: <input type="radio"/> 9:00-10:30 or Saturday: <input type="radio"/> 11:00-12:30
Family Faith Formation	Saturday: <input type="radio"/> 3:00-6:00 p.m. <i>(Requires Parent Participation and Attendance at Saturday 5 p.m. Mass)</i>
SPRED	Saturday: <input type="radio"/> 1:00-2:30 p.m.
Confirmation Year 1	Sunday: <input type="radio"/> 3:00-6:00 p.m. <i>(Class meets on Scheduled Sundays. 5 p.m. Mass Required)</i>
Confirmation Year 2	Sunday: <input type="radio"/> 3:00-6:00 p.m. <i>(Class meets on Scheduled Sundays. 5 p.m. Mass Required)</i>

Parents/Guardian Information *(Important to write legibly as this is how you will be contacted)*

Child lives with (please circle) Dad Mom Both Parents Other _____

Marital Status (circle): married single divorced separated widow domestic partner

First Name	Last Name	First Name	Last Name
Father/Guardian:		Mother/Guardian:	
Work #:		Work #:	
Cell #:		Cell #:	
Email:		Email:	
Address (if different from above)		Address (if different from above)	

\$25.00 discount per child (to a maximum of \$75.00 for 3 or more children) if received by July 31, 2016.

Family Plan Fees as Follows: \$150.00 (One Child); \$225.00 (Two Children); \$325.00 for 3 or more children in same family

If more than one student in family, please submit all children's paperwork together. Payment Plans and Scholarships are available, please inquire.

Class Fee \$ _____	<input type="radio"/> Check # _____	<input type="radio"/> Paypal ppwk attached____ <i>(for office use only)</i>	<input type="radio"/> Square Processed by_____ <i>(for office use only)</i>
<input type="radio"/> Visa <input type="radio"/> MC <input type="radio"/> Amex <input type="radio"/> Discover			
Credit Card Billing Zip Code _____			
# _____		Exp _____	CVV _____
Sign _____			

Emergency Contact Information (Other than parents/guardians)

1 st Person- Name:	2 nd Person- Name:
Relationship:	Relationship:
Cell/Other #:	Cell/Other #:

Emergency Information

Do you authorize the adult leader to authorize medical treatment for your child in an emergency, as considered necessary by the attending physician? **(circle) Yes No** If no, state any reasons why you do not want medical care given to your child in an emergency: _____

Family Physician: _____ Phone: (____) ____-_____
Family Physician Address: _____
Medical Insurance Name: _____
Member ID #: _____ Group #: _____ Plan #: _____

Parental Permission & Acknowledgement of Conditions for Participation in Program

1. I/we, parent(s) or authorized guardian(s) of _____ **(child's name)** give permission for his/her participation in **Faith Formation**.
2. I/we agree to direct my/our child to cooperate and comply with reasonable directions and instructions from Holy Spirit Staff, adult volunteer leaders, and youth volunteers.
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 these event(s), 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 Faith Formation 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 this Faith Formation Program event, 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 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, 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, parent or guardian in, upon or about the premises of the Diocese, its facilities or equipment, or while participating in any Faith Formation Program whether caused by the 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

I 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 website, etc) for the purpose of promoting the activities of Holy Spirit Catholic Church.

I have read this Agreement and understand everything written above.

Signature of Parent/Guardian Date

Signature of Parent/Guardian Date

EVACUATION FORM

In the event of an emergency, no individual telephone communications will be possible. The evacuation plans will go into effect, but you may indicate a preference for your child. The authorities will designate possible types of evacuation in the case of emergency:

- 1. ON SITE- children will be kept at HOLY SPIRIT under supervision. "Housing", food and care will be provided here.
- 2. OFF CAMPUS- dependent upon the situation, children would be assigned to a location by local authorities. Radio stations, air patrol and/or police would be the source of information.

Children enrolled in Holy Spirit Faith Formation

1.	2.
3.	4.

In the event of the evacuation of Holy Spirit Faith Formation, I choose the following: (check ALL that apply)

- ___ 1. I will pick up my children at the evacuation site.
- ___ 2. I give permission for my children to walk home unattended to a reunion point.
- ___ 3. If I do not pick my children up personally, I designate the following person(s) to act on my behalf.

NAME _____ **ADDRESS** _____ **PHONE** _____

NAME _____ **ADDRESS** _____ **PHONE** _____

If, at the time of an emergency, first aid should be administered, I authorize the following: (check ALL that apply)

- ___ First Aid may be administered by a qualified person.
- ___ I authorize sending my child to a hospital, if necessary.

Signature: _____ Relationship: _____ Date: _____