

Saint Joseph Parish

and Mission Church of St. Vincent de Paul

9961 Elk Grove Florin Road, Elk Grove, CA 95624 • (916) 685-3681 • FAX (916) 685-7254

Received by: _____
Entered into database by: _____
Baptismal Certificate: _____
Total Paid: \$ _____
Cash / Check _____

CONFIRMATION FORMATION REGISTRATION FORM YEAR 2

(This class is for a student who has received the Sacraments of Baptism and Eucharist and has completed Year 1 Confirmation Class)

PLEASE PRINT CLEARLY AND LEGIBLY

Date of Registration: _____

CHILD INFORMATION

Student's Full Name: _____ Gender: Male ___ Female ___
First Middle Last

Date of Birth: _____ School: _____ Grade: _____

Date of Baptism: _____ Place of Baptism (Church, City, State): _____

First Holy Communion - When: _____ Where: (Church, City, State): _____

Student participated in Faith Formation (Year 1 Confirmation) last year: Yes ___ No ___ Where?: _____
(If not at St. Joseph/SVdP, please provide a certification letter where class was taken)

FAMILY INFORMATION

Father: _____ Religion: _____
First Last

Mother: _____ Religion: _____
First Maiden

Family Address: _____
Street City State Zip Code

Father's Contact No.: _____ Father's Work phone: _____

Mother's Contact No.: _____ Mothers' Work phone: _____

Home Phone: _____ Family/Parent email(s): _____
Primary Phone Parish should use: Home ___ Father's cell ___ Mother's cell: ___

Parents' Marital Status: Married (Civil) ___ (Church) ___ Separated ___ Divorced ___ Single ___ Spouse Deceased ___

Registered Parishioner: Yes ___ NO ___ (Which parish are you registered) _____

GUARDIAN'S INFORMATION (If any)

Full Name: _____ Contact No. _____

Address: _____ Email: _____

One child = \$90 Two children = \$160 Three or more = \$200 SEAS = \$10 2nd Year Sacrament Fee = \$70

ALL FEES ARE NON-REFUNDABLE

Printed Name of Parent/Guardian: _____ Signature: _____

Mission Church: 14637 Cantova Way, Rancho Murieta, CA 95683 • (916) 354-2403 • FAX 354-2404

www.stjoseph-elkgrove.net

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Preparation for sacraments requires a minimum of two consecutive years of family commitment. Enrollment in sacramental preparation includes an expectation for families to participate in parent and child formation gatherings in addition to the weekly sessions. Grade level sessions will also require parent participation.

COMMITMENT

The faith formation of my child/children depends on partnership amongst my family, the human and material resources of St. Joseph Parish and SVDP Mission Church, and those of the Catholic Church. With my initials or signature, I indicate my understanding and commitment to our parish faith formation process:

1. I will strive to fulfill the promise I made at my child's Baptism to be the primary person who guides my child's faith development. _____
2. I will strive to live-out and model the practice of faith for myself and my children by participation at Mass each week with my parish family at St. Joseph or SVDP. _____
3. I will financially contribute to St. Joseph Parish or SVDP on a regular basis a gift that reflects my sincere and honest ability to help support our parish. _____
4. I will ensure my child's consistent attendance at weekly sessions (no more than 3 absences) and will honor and fulfill my financial support of faith formation efforts for my child. _____

Confirmation Formation Sessions

	<u>Day</u>	<u>Time</u>
St Joseph, Elk Grove	Monday	6:30pm - 8pm
SVdP, Rancho Murieta	Tuesday	6:30pm - 8pm

Parent Formation and Catechesis Night – Offered every other month (occurs on a Wednesday night).

If you are not able to attend, you may attend class with our students (your child's class) for one class.

LEARNING NEEDS The following information will be shared only with your child's session catechist and the faith formation staff in order to successfully meet the needs of each learner. Parents may be asked to provide regular assistance for your child during sessions depending on the behavior and learning needs of your child.

Please list any learning disabilities pertaining to classroom instruction. _____

What strategies do you recommend in teaching your child? _____

Please write any additional comments regarding your child's learning style that may be helpful to the catechist.

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TIME / TALENT / TREASURE

Please select at least one area in which you can commit to serve.

Name of volunteer: _____ Email: _____

___ I am interested in serving as a catechist for 2020-2021 sessions. (Registration fees waived)

___ I am interested in serving as an assistant for 2020-2021 sessions. (Half registration fees)

___ I am interested in helping in the faith formation office during session time for my child.

___ I could occasionally visit sessions and take photos, or may be contacted to take photos for rituals during mass or at special events. (Email: _____)

___ I will help by donating needed hospitality items/classroom supplies throughout the year.

___ I can provide musical accompaniment at group prayer services; afternoons or evenings.

___ Other (Please specify). _____

Please consider how you might help to serve in our parish faith formation program.

MEDICAL/CONSENT TO TREAT

This information needs to be completed

Emergency Contact (not the parents) _____ Relationship: _____

Emergency Contact's phone _____

CHILD Current Medications: _____ Condition: _____

CHILD food or drug allergies: _____

Consent to treat: This release is completed and signed of my own free will with the sole purpose of authorizing medical treatment under emergency circumstances in my absence. This authority is granted only after a reasonable effort has been made to reach me or the above named emergency contact.

Parent or Legal Guardian Signature: _____

Photo release: We give permission to St. Joseph/SVDP to use photos of any member of our family, taken while participating in parish events, on our website/ bulletin board / bulletin. ___ YES ___ NO

Thank you for choosing to enroll your child in our 2020-2021 Faith Formation. It is our honor to serve your family as we walk together in our journey of faith. God bless you!