



# Mission San José

## Faith Formation Registration Form

### 2021-2022

#### CHILD'S INFORMATION

Name of Child: \_\_\_\_\_

*First*

*M.I.*

*Last*

Gender: M F Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_

Address: \_\_\_\_\_

*Street*

*City*

*State*

*Zip Code*

Has your child celebrated the Sacrament of Baptism? \_\_\_\_\_ Yes \_\_\_\_\_ No

Has your child celebrated the Sacrament of Confession? \_\_\_\_\_ Yes \_\_\_\_\_ No

Has your child celebrated the Sacrament of Communion? \_\_\_\_\_ Yes \_\_\_\_\_ No

#### PARENT/GUARDIAN INFORMATION

Name of Mother: \_\_\_\_\_

Phone: (h) \_\_\_\_\_ (c) \_\_\_\_\_ (w) \_\_\_\_\_

Best number and best time to call: \_\_\_\_\_

Name of Father: \_\_\_\_\_

Phone: (h) \_\_\_\_\_ (c) \_\_\_\_\_ (w) \_\_\_\_\_

Best number and best time to call: \_\_\_\_\_

Child resides with: Mother Father Both Other

Email address of one parent: \_\_\_\_\_

#### EMERGENCY CONTACT INFORMATION/ALTERNATIVE RELEASE

Alternate/Emergency Contact (not parent): \_\_\_\_\_

Phone: (h) \_\_\_\_\_ (c) \_\_\_\_\_ (w) \_\_\_\_\_

To whom we may release child: (other than biological parent or legal guardian)?

Name of Adult: \_\_\_\_\_

Phone: (h) \_\_\_\_\_ (c) \_\_\_\_\_ (w) \_\_\_\_\_

More on other side of this page. →

## HEALTH INFORMATION

Health Issues/Medications/Conditions/Special Concerns:

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*Catechist and aides will not distribute medication (prescription or non-prescription).*

## PERMISSIONS

(Parent's/Guardian's initials required below)

**Photo/Video Consent and Release.** I hereby authorize Mission San José Church to take photographs, recordings, and/or videos (whether electronic, digital, or otherwise) of Participant in connection with the activities, and I hereby consent to the use, reproduction, and publication of such images by Mission San José Church in connection with the promotion and publicity of the activities of Mission San José Church, including, without limitation, publication of such images on Mission San José Church's website, media, etc. I, individually and in my capacity as parent/legal guardian of Participant, hereby waive any right to inspect or approve the actual use by Mission San José Church of any such image of Participant. Such images of Participant shall be the sole property of Mission San José Church, and I, individually and in my capacity as parent/legal guardian of Participant, acknowledge and agree that neither I nor Participant shall be entitled to any compensation whatsoever should any such images of Participant be used by Mission San José Church \_\_\_\_\_

Initials

**Formation During Pandemic.** I hereby authorize Mission San José Church to catechize using virtual means as a result of shutdown during peaks of Covid-19. If online instruction is not utilized, I understand packets and/or books may be sent home for the duration of closure. I understand that masks, temp checks, social distancing, and other appropriate measures will be utilized during the pandemic to ensure the safety of all. \_\_\_\_\_

Initials

## WAYS TO HELP

**Will you help with the faith formation of our children?**

\_\_\_\_\_ Catechist

\_\_\_\_\_ Catechist Aide

\_\_\_\_\_ Substitute Catechist

## FAITH FORMATION FEE

The Faith Formation Program has a small fee to help defray costs of the Faith Formation Program (books, supplies, utilities). The fee is \$40 per child or \$80 per child in their First Communion or Confirmation year.

Please let us know if you need assistance with the fee. No child will be excluded from attending Faith Formation classes because of financial difficulty. We can work with you, make payment arrangements, or find scholarship money if you need assistance.

\_\_\_\_\_ ***Yes, attached is our fee to support Faith Formation at Mission San José.***

***Please check method of payment: \_\_\_\_\_ Cash or \_\_\_\_\_ Check # \_\_\_\_\_***

## PARENT/GUARDIAN SIGNATURE

Signature of one parent: \_\_\_\_\_ Date: \_\_\_\_\_