

**St. Charles Borromeo Catholic Community**  
**2019-2020 Registration Form for Pre-School/TK, Faith Formation K-3 Grade, Beacon 4<sup>th</sup>-5<sup>th</sup> Grade, Blaze 6<sup>th</sup> Grade,**  
**Ignite Youth Ministry 7<sup>th</sup>-8<sup>th</sup> Grade, & High School Youth Ministry**

Parents(s)/Guardian(s) Last Name \_\_\_\_\_ Registration Date: \_\_\_\_\_  
 (Please Print)

Parent/Guardian (with whom the child resides): **Important – Please provide EMAIL for program communication...**

Father: \_\_\_\_\_ Religion: \_\_\_\_\_ Bus. Phone: (\_\_\_\_) \_\_\_\_\_ ext. \_\_\_\_\_ Marital Status: \_\_\_\_\_  
 Mother: \_\_\_\_\_ Maiden Name: \_\_\_\_\_ Religion: \_\_\_\_\_ Bus. Phone: (\_\_\_\_) \_\_\_\_\_ ext. \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_  
 Address: \_\_\_\_\_ Zip: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_  
**Email Address: (REQUIRED)** \_\_\_\_\_

Do you need two mailings? (write 2<sup>nd</sup> address here)

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_ Religion: \_\_\_\_\_ Marital Status: \_\_\_\_\_  
 Address: \_\_\_\_\_ Zip: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_  
 Email Address: \_\_\_\_\_ Bus. Phone: (\_\_\_\_) \_\_\_\_\_ ext. \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

**\* Please List ALL Children registering for programs\***

Child's First Name & Last Name (if different)	M/F	Date of Birth (mm/dd/year)	School	Grade Sept 2019	Baptized	Baptized @ St. Charles	First Eucharist (Communion)	First Reconciliation (Confession)	Confirmation	Sacrament Code	Class Code
1.					Yes / No	Yes / No	Yes / No	Yes / No	Yes / No		
2.					Yes / No	Yes / No	Yes / No	Yes / No	Yes / No		
3.					Yes / No	Yes / No	Yes / No	Yes / No	Yes / No		
4.					Yes / No	Yes / No	Yes / No	Yes / No	Yes / No		

**\*If preparing for First Eucharist or Confirmation we will need copy of your child's baptismal certificate (please inform us if not baptized as Catholic)** (office use only)

Are you registered with St. Charles? **Yes / No** If no, please complete Parish Registration Form (available from coordinator)

Has the student had previous Confirmation preparation? Yes / No When/Where? \_\_\_\_\_

Were you previously registered in the Faith Formation Program at St. Charles? Yes / No When? \_\_\_\_\_

If not, have the children attended a religious education program elsewhere? Yes / No Where? (Program Name and Location) \_\_\_\_\_

Mass Attendance: Weekly or almost weekly: \_\_\_\_\_ Once or twice a month: \_\_\_\_\_ Several Times a Year: \_\_\_\_\_ Important Days Only: \_\_\_\_\_ Rarely or Never: \_\_\_\_\_ Homebound: \_\_\_\_\_

**For Office Use Only**

Total Tuition Due \_\_\_\_\_ Tuition Pd. \_\_\_\_\_ Outstanding Balance \_\_\_\_\_ Check# \_\_\_\_\_ Cash \_\_\_\_\_ Credit Card \_\_\_\_\_  
 Catechist Waiver \_\_\_\_\_ Cat. Class Code \_\_\_\_\_ Financial Aid Waiver \_\_\_\_\_

**Parish  
 Registration  
 Form available  
 from  
 coordinator.**

Payment is due at the time of registration. Please make checks payable to St. Charles Borromeo. Please indicate on check program fee designation.

**CREDIT CARD CHARGE AVAILABLE**

## Program Registration Fees 2019-2020

<b>Pre-School / Tiny Treasures</b>	\$ 50.00 per child
<b>Faith Formation Grade K-3</b>	\$100.00 per child
<b>BEACON 4<sup>th</sup>-5<sup>th</sup> Grade</b>	\$100.00 per child
<b>BLAZE 6<sup>th</sup> Grade</b>	\$100.00 per child
<b>IGNITE 7<sup>th</sup>-8<sup>th</sup> Grade</b>	\$100.00 per youth
<b>High School Youth Ministry 9-12</b>	\$100.00 per youth
<b>For a family of 4 or more children (Faith Formation K-5, MSYM, HSYM, Excluding Sacrament/s fee)</b>	\$300.00 per family

**After October 01, 2019  
Fees increase to ...** **\$125.00 per child**

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### **Sacraments:**

<b>First Reconciliation</b>	\$50 per child
<b>First Eucharist (2 year preparation)*</b>	\$50 per child
<b>CICT</b> (see brochure) (Christian Initiation for Children & Teens)	\$75 per child
<b>Confirmation (2 year preparation)*</b>	\$100 per child

\* ***Sacrament fee charged only once***

*Please do not hesitate to discuss cases of financial hardship with program coordinator. All such cases will be handled in a discreet and confidential manner.*

**Please select a program your child(ren)/family will be a part of for the 2019-2020 year of Faith Formation (K-6). Indicate a 1st (1) and 2nd (2) choice.**

**We choose: \_\_\_\_\_ FF Tuesday afternoon, 3:45 PM until 5:00 PM (for K-6<sup>th</sup>)**

**We choose: \_\_\_\_\_ FF Wednesday afternoon, 3:30 PM until 4:45 PM (for K-3 only)**

**We choose: \_\_\_\_\_ FF Wednesday night, 7:00 PM until 8:15 PM (for 2<sup>nd</sup>-6<sup>th</sup> only)**

**PLEASE NOTE:**

- **Ignite Youth Ministry (for 7<sup>th</sup>-8<sup>th</sup> Grade) is every Wednesday night, 7:00 PM until 8:15 PM**
- **High School Youth Ministry (for 9<sup>th</sup>-12<sup>th</sup> Grade) is every Sunday morning, 10:00 AM until 11:15 AM**

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**Called to Serve**

**Volunteer Opportunities, K-6 grade**

***(We require that a parent volunteer in at least one area below)***

*As a community of Faith, we need your assistance to help form the faith of all people in our parish. Each family is asked to volunteer for one thing, especially those families in the Sacrament program or seeking Scholarship assistance. Thank you!*

**\_\_\_\_\_ Office Volunteer:**

\_\_\_\_\_ I would love to help do office work, during Faith Formation time (as needed):  
\_\_\_\_\_ Tuesday afternoon, \_\_\_\_\_ Wednesday afternoon, \_\_\_\_\_ Wednesday night

**\_\_\_\_\_ Faith Formation Program**

\_\_\_\_\_ I would like to be a \_\_\_\_\_ catechist \_\_\_\_\_ co-catechist \_\_\_\_\_ class aide  
\_\_\_\_\_ Tuesday afternoon, \_\_\_\_\_ Wednesday afternoon, \_\_\_\_\_ Wednesday night  
\_\_\_\_\_ I would like to help with Children's liturgy of the word on Sundays  
\_\_\_\_\_ I would be happy to coordinate snacks for classes  
\_\_\_\_\_ I would like to coordinate Final Gathering Party (Pizza / Ice Cream Social)  
\_\_\_\_\_ I would like to help out with May Mary Crowning  
\_\_\_\_\_ I would like to help coordinate a faith formation service project for the year  
\_\_\_\_\_ I would like to help with chaperone my child(ren)'s off-site activities/retreat(s)  
\_\_\_\_\_ I would like to help with VBS 2020

**\_\_\_\_\_ Sacrament Program – First Eucharist/First Reconciliation**

\_\_\_\_\_ Set up/clean up team  
\_\_\_\_\_ Hospitality team  
\_\_\_\_\_ Help out with the retreat  
\_\_\_\_\_ Liturgical environment team  
\_\_\_\_\_ Coordinate the pot luck for retreat

**\_\_\_\_\_ Childcare volunteer:**

\_\_\_\_\_ During Sunday Mass:  
\_\_\_\_\_ 9:30AM  
\_\_\_\_\_ Special events/Sacrament program  
\_\_\_\_\_ Quarterly nursery cleaning (4 hours)  
\_\_\_\_\_ End of the Year cleaning classrooms (May 2020)

Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Email address \_\_\_\_\_

**Diocese of Oakland**

**St. Charles Pre-School, Faith Formation & Youth Ministry 2019-2020**

**PARENTAL PERMISSION, HEALTH AUTHORIZATION, RELEASE FORM**

Child's Name \_\_\_\_\_ Grade \_\_\_\_\_ Birth Date \_\_\_\_\_

Child #2 \_\_\_\_\_ Grade \_\_\_\_\_ Birth Date \_\_\_\_\_

Child #3 \_\_\_\_\_ Grade \_\_\_\_\_ Birth Date \_\_\_\_\_

Child #4 \_\_\_\_\_ Grade \_\_\_\_\_ Birth Date \_\_\_\_\_

Parent/Guardians Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_ Work Phone \_\_\_\_\_  
(street, city, zip)

Father's Cell Phone \_\_\_\_\_ Mother's Cell Phone \_\_\_\_\_

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

Name \_\_\_\_\_ Phone \_\_\_\_\_

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**HEALTH AND MEDICAL INFORMATION**

Family Physician \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Medical Plan \_\_\_\_\_ Plan Number \_\_\_\_\_

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 and frequency 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:

\_\_\_\_\_

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

**(COMPLETE BACK OF FORM)**

**Diocese of Oakland**

**St. Charles Faith Formation, Pre-School & Youth Ministry 2019-2020**

**Parental Permission and Acknowledgement of Conditions  
for Participation in Program**

1. I/we, parent(s) or authorized guardian(s) of the child named above give permission for his/her participation in **Confirmation, Faith Formation, Pre-School and/or Youth Ministry meetings and activities at St. Charles Catholic Community September 15, 2019 – May 19, 2020**, and all related activities, including but not limited to transportation to and from this youth ministry's and/or Confirmation events sponsored by St. Charles Borromeo.
2. I/we agree to direct my/our child to cooperate and comply with reasonable directions and instructions from Youth Ministry staff or adult volunteer leaders.
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 this event, whether or not caused by the negligence of parish, youth ministry program employees, agents or volunteers or other participants.
4. I/we understand that youth participating in youth ministry 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 AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT**

In consideration for being permitted to participate in the activities of the Faith Formation/ Youth Ministry program, 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 "Releases") from all liability for any loss or damage, and any claim or demands there for 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 Releases 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 Releases 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 Confirmation and or/youth ministry meetings and/or activities whether caused by the negligence of Releases 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(ren) named on this form to be photographed and/or videotaped during Youth Ministry & 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/diocesan website, etc) for the purpose of promoting the activities of St. Charles Borromeo.

I have read this Agreement and understand everything written above.

\_\_\_\_\_  
Signature of Parent or Guardian

Date \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent or Guardian

Date \_\_\_\_\_

St. Charles Borromeo  
Payment Sheet 2019-2020

Family Name \_\_\_\_\_

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OFFICE USE ONLY  
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Pre-School	_____ x \$50.00	_____
Faith Formation K-3	_____ x \$100.00	_____
Beacon 4 <sup>th</sup> -5 <sup>th</sup> Grade	_____ x \$100.00	_____
Blaze 6 <sup>th</sup> Grade	_____ x \$100.00	_____

Sacraments

First Eucharist	_____ x \$50.00	_____
First Reconciliation	_____ x \$50.00	_____
RCIC/T	_____ x \$75.00	_____

Ignite YM (7 <sup>th</sup> -8 <sup>th</sup> Grade)	_____ x \$100.00	_____
HSYM (9 <sup>th</sup> -12 <sup>th</sup> Grade)	_____ x \$100.00	_____

Sacraments

Confirmation	_____ x \$100.00	_____
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Family of 4 or more children (Sacrament fee excluded)	_____ x \$300.00	_____
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<p>Check: _____</p> <p>Cash: _____</p> <p>Credit Card (circle one) Visa / MasterCard</p> <p>Cardholder's Name: _____</p> <p>Card Number: _____</p> <p>Exp. Date: _____ Security Code: _____</p> <p>Amount \$ _____ zip code (billing add): _____</p>	<p>Total Due _____</p> <p>Total Paid _____</p> <p>Balance _____</p>
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Payment Plans and scholarships are available!

Scholarship Assistance \$ \_\_\_\_\_

Payment Plan \$ \_\_\_\_\_ / month/bi-weekly