



## CLASS SELECTION REMINDER

A parent or guardian must accompany the child to the first class of the year. You will receive confirmation of your registration and class assignment in the beginning of September. Please write down your class choice and the date and time of the first class meeting and keep this page in a prominent place as a reminder to yourself!

First choice class: \_\_\_\_\_

First class meeting, required for both the student and a parent or guardian: Date: \_\_\_\_\_

Time: \_\_\_\_\_

## READY TO ENROLL?

Registration forms are available online at [sjcpinole.org](http://sjcpinole.org) or at St. Joseph Parish Center, 2100 Pear Street, Pinole. You may also call the parish center at (510) 741-4900 to request a registration form. Please complete one registration form per child and bring the completed form(s), together with any necessary documents and your payment, to the parish center during office hours. Your enrollment is not complete until you have come to the parish center in person with all necessary documents and we have processed your registration form.

The parish center is open from 9:00 a.m.-7:30 p.m. Monday-Thursday and from 9:00 a.m.-5:00 p.m. on Friday.

## PARENTAL PERMISSION/RELEASE AND WAIVER OF LIABILITY

We require a signed parental permission and release for all students enrolled in faith formation; here is a copy of this agreement so that you may keep it for your records.

1. I/we, parent or authorized guardian of the child named above, give permission for his/her participation in faith formation at St. Joseph Parish, and all related activities.
2. I/we agree to direct my/our child to cooperate and comply with reasonable directions and instructions from St. Joseph Parish staff and 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 faith formation, whether or not caused by the negligence of program staff or volunteers or other participants.
4. I/we understand that children participating in faith formation may risk injury to the body or psyche or property damage to themselves and others. Such injuries can be caused by other persons, faulty equipment or facilities, or the activity itself, or be accidentally or intentionally self-inflicted.

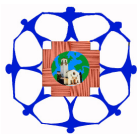
In consideration for being permitted to participate in faith formation at St. Joseph Parish, use the equipment provided, and enter the premises or facilities of the Diocese of Oakland for any purpose including observation and participation in activities, the parent or guardian for him/herself and any 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, its affiliated entities, and 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 therefore 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 faith formation 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 activities, whether caused by the negligence of the 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.

I have read this agreement and understand everything written above.

## FOR MORE INFORMATION

Please contact Neela Kale, Director of Religious Education, at (510) 741-4900 ext. 204, [neelak@sjcpinole.org](mailto:neelak@sjcpinole.org); or Teena Posas, Director of Youth Ministry, at (510) 741-4900 ext. 210, [teenap@sjcpinole.org](mailto:teenap@sjcpinole.org).



SAINT JOSEPH PARISH  
2010-2011 REGISTRATION FORM  
FAITH FORMATION, GRADES 1-8

**STUDENT**

First name: \_\_\_\_\_ Last name: \_\_\_\_\_  
 Home address: \_\_\_\_\_  
 Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_  
 Email: \_\_\_\_\_ Gender (circle one): male female  
 Date of birth: \_\_\_\_\_ Language(s) spoken: \_\_\_\_\_  
 School and city: \_\_\_\_\_ Grade in September 2010: \_\_\_\_\_  
 Was the student enrolled in faith formation at St. Joseph in 2009-2010? Yes No

**FAMILY (PARENTS/GUARDIANS)**

First name: \_\_\_\_\_ Last name: \_\_\_\_\_  
 Home address: \_\_\_\_\_  
 Mailing address: \_\_\_\_\_  
 Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_  
 Work phone: \_\_\_\_\_ Email: \_\_\_\_\_  
 Marital status: \_\_\_\_\_ Relationship to student: \_\_\_\_\_  
 Religion: \_\_\_\_\_ Language(s) spoken: \_\_\_\_\_

First name: \_\_\_\_\_ Last name: \_\_\_\_\_  
 Home address: \_\_\_\_\_  
 Mailing address: \_\_\_\_\_  
 Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_  
 Work phone: \_\_\_\_\_ Email: \_\_\_\_\_  
 Marital status: \_\_\_\_\_ Relationship to student: \_\_\_\_\_  
 Religion: \_\_\_\_\_ Language(s) spoken: \_\_\_\_\_

Information and materials for parents/guardians should be in: (circle one) English Spanish  
 Would you like to help in your child's classroom? Yes No To help with special events? Yes No

**CLASS CHOICE**

Circle your student's grade: 1 2 3 4 5 6 Circle your first choice class:  
 Tuesday, 6:30-7:45 p.m. in English Tuesday, 6:30-7:45 p.m. in Spanish  
 Wednesday, 4:45-6:00 p.m. in English Wednesday, 6:30-7:45 p.m. in English

Circle your student's grade: 7 8 Your class is:  
 Wednesday, 6:30-7:45 p.m. in English

**SACRAMENTS**

Has the student been baptized? (circle one) Yes No  
 Has the student has celebrated first reconciliation (confession)? (circle one) Yes No  
 Has the student received first communion? (circle one) Yes No

\*If you would like the student to prepare for baptism, please attach a copy of his/her birth certificate.  
 \*If you would like the student to prepare for reconciliation/communion, attach a copy of his/her baptism certificate.

OFFICE USE ONLY: Date received: \_\_\_\_\_ Initials: \_\_\_\_\_ Payment slip #: \_\_\_\_\_ PDS entry: \_\_\_\_\_  
 In parish? Yes No If no, pastor's permission attached? Yes No

## ADDITIONAL INFORMATION (WILL BE KEPT CONFIDENTIAL)

Does your child have any special needs?

Is there any special situation or concern you would like to share with us? (Use an additional page if necessary.)

## MEDICAL AND EMERGENCY INFORMATION

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_  
Insurance: \_\_\_\_\_ Policy number: \_\_\_\_\_

May the adult leader authorize medical treatment for your child in an emergency, as considered necessary by the attending physician? (circle one)      Yes      No

Ongoing medication? (type and frequency) \_\_\_\_\_

Allergies to food or medication? \_\_\_\_\_

Physical or other restriction on the basis of medical condition? \_\_\_\_\_

Emergency contact to be notified if the parent(s) or guardian(s) cannot be reached:

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

Name and relationship to the child of any individual(s), other than the parents/guardians named above, authorized to drop off and pick up the student (we can only release a minor student to a parent/guardian or authorized person):

## PARENTAL PERMISSION/RELEASE AND WAIVER OF LIABILITY

5. I/we, parent or authorized guardian of the child named above, give permission for his/her participation in faith formation at St. Joseph Parish, and all related activities.
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4. To release, waive, discharge and promise not to sue the Diocese of Oakland, its affiliated entities, and 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 therefore 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 faith formation or in, upon or about the premises of the Diocese or any of its facilities or equipment.
5. 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 activities, whether caused by the negligence of the Releasees or otherwise.
6. 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.

I have read this agreement and understand everything written above.

Parent/guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_