

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 _____

CGS 2025-26 Registration Worksheet

COMMITMENT

The faith formation of my child/children depends on a 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...*

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 participating 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. _____

One child=\$110 Two children = \$200 Three or more \$260

ALL FEES ARE NOT REFUNDABLE AND ARE FOR THE CGS PROGRAM ONLY

Printed Name of Parent/Guardian: _____

Parent/Guardian Signature: _____ Date: _____

PLEASE PRINT CLEARLY

Father _____ Mother _____
First Last First Last

Mother's Maiden name _____

Married

Separated

Divorced

Spouse deceased

Custody of children: Shared Mother Father

Family Address: _____ City: _____ Zip: _____

Primary phone Parish should use: Home Father's cell Mother's cell

Home phone: _____

Father cell phone: _____ Mother cell phone: _____

Father work phone: _____ Mother work phone: _____

Family/Parent email(s): _____

****ALL communication / notices / updates will be sent via email.
Please be sure to provide us with a valid address that is checked often. ****

TIME / TALENT / TREASURE:

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

Name of the volunteer: _____ Email: _____

- I am interested in serving as an **assistant or Parent Helper** for 2025-26 sessions.
(Day/Time)
- I am interested in helping with CGS during the session time for my child.
- I am interested in helping once per month with **Children's Liturgy of the Word** on Sundays.
- I could occasionally visit sessions and take **photos**, or may be contacted to **take photos** for rituals **during Mass/Adoration or at special events**. Email:
- I will help by donating needed hospitality items /session supplies throughout the year.
- I can provide musical accompaniment at group prayer services or family masses.

The sessions below are subject to change. We rely on the graciousness of dedicated volunteers to serve in catechetical ministry. *A session is subject to be closed if enrollment is less than 3 children.*

Please place a X the session below you are registering for.

DAY/TIME 2024/2025 SESSIONS (AGE-3-6, year old's). Please prioritize by labeling sessions 1, 2 and 3.

____ Tuesday 3:15 – 5:15 PM (Arrive by 3:05 PM)

____ Wednesday 9:30 – 11:30 AM (Arrive by 9:20 AM)

(Note: There needs to be at least 5 children registered for the AM session to keep this session scheduled).

____ Wednesday 3:15 – 5:15 PM (Arrive by 3:05 PM)

*Enrollment includes an expectation for families to participate in four family masses/adoration and pot lucks during the CGS year and for first year parents to participate in parent/guardian catechesis sessions on the first Saturday morning of each month beginning in November. Dates and time to be determined.

