

**St. Mary Church**  
**2023 - 2024 Faith Formation Registration Form**  
2051 Mt. Diablo Blvd. Walnut Creek, CA 94596 (925) 891-8939  
Website: www.stmary-wc.org Email: apisciotto@stmary-wc.org

**Family Information**

**(ONE FORM PER FAMILY)**

Last Name: _____		Other family names used: _____	
Street Address: _____			
City/State/Zip: _____		Home Phone: (____) _____ - _____	
Family Email: _____		Church family attends: _____	

**Parent/Guardian Info**

**Marital Status** **check**

☐

Single

☐

Married

☐

Divorced

☐

Separated

☐

Widowed

Parent/Guardian 1: First Name/Last Name (pls print)	Parent/Guardian 2: First Name/Last Name (pls print)
Religion:	Religion:
Cell #:	Cell #:
Email:	Email:
Address (if different from above)	Address (if different from above)

**Emergency Contact Information**

<b>1<sup>st</sup> Person (Other than parents/guardians)</b>	<b>2<sup>nd</sup> Person (Other than parents/guardians)</b>
Name:	Name:
Relationship:	Relationship:
Cell#:	Cell:
Email:	Email:

**Emergency Information**

Do you authorize the adult leader to authorize medical treatment for your child(ren) in an emergency, as considered necessary by the attending physician? **check** ☐ Yes ☐ No If no, state any reasons why you do not want medical care given to your child(ren) in an emergency: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Family Physician Address: \_\_\_\_\_ City/Zip: \_\_\_\_\_  
Medical Insurance Name: \_\_\_\_\_  
Member ID #: \_\_\_\_\_ Group #: \_\_\_\_\_ Plan #: \_\_\_\_\_

# Parental Permission & Acknowledgement of Conditions for Participation in Program

List child(ren) registered in 2023-2024 St. Mary Church Faith Formation Program:  
(First & Last Name and Grade Level)

- 
- 
1. I/we, parent/authorized guardian of the child(ren) listed above give permission for his/her participation in the religious and social activities, and all related activities, including but not limited to transportation to and from programs(s)/event(s) sponsored by the Diocese of Oakland and St. Mary Church, Walnut Creek, CA.
  2. I/we agree to direct my/our child(ren) to cooperate and comply with reasonable directions and instructions from St. Mary Church Faith Formation Program staff or adult volunteer leaders.
  3. I/we agree to be responsible for all medical expenses relating to injury of my/our child(ren) as a result of his/her participation in these event(s), whether or not caused by the negligence of parish, St. Mary Church Faith Formation Program employees, agents or volunteers or other participants.
  4. I/we understand that youth participating in St. Mary Church Faith Formation Program 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 & Waiver of Liability & Indemnity Agreement

In consideration for being permitted to participate in St. Mary Church Faith Formation Programs events, 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(ren) 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 "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(ren), 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 Releasees from any loss, liability, damage or cost it may incur due to the presence of the minor child(ren), parent or guardian in, upon or about the premises of the Diocese, its facilities or equipment, or while participating in any St. Mary Church Faith Formation Program events whether caused by the negligence of Releasees or otherwise.
3. That the parent/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 **(check one)** **GRANT** ☐ **DECLINE** ☐ permission for my child(ren) named on this form to be photographed and/or videotaped during any St. Mary Church Faith Formation Program 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 website, etc.) for the purpose of promoting the activities of St. Mary Catholic Church, Walnut Creek, CA.

I have read and agree with all conditions stated in this participation/liability form.

---

Signature of Parent/Guardian (If you do not have access to a digital signature, you must print and sign before submitting.)

---

Dat

## 2023 - 2024 Faith Formation Registration Form

\$ 125.00 per child per year

\*\$50 discount for parent volunteers

### Student 1 Information

#### Program Choices:

Check all that apply

##### Little Saints (Pre-K-3rd Gr)

- ☐ Sun 9:30-10:45am  
☐ First Reconciliation & First Communion

##### Rock (4<sup>th</sup> & 5<sup>th</sup> Gr)

- ☐ Wed 6:45-8:00pm

##### EDGE (6<sup>th</sup> - 8<sup>th</sup>Gr)

- ☐ Wed 6:45-8:00pm

##### Encounter (9<sup>th</sup> -12<sup>th</sup> Gr)

- ☐ Sun 11:00am-12:00pm

##### Confirmation(11th - 12th Gr) +

+ pre-requisites must be met

First Name: \_\_\_\_\_ Last Name \_\_\_\_\_

Student Email: \_\_\_\_\_ Cell #: (\_\_\_\_) \_\_\_\_\_ Gender: ☐ Male ☐ Female

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

List all conditions (such as allergies, seizures) for which this student requires ongoing medication and state the type and frequency of medication given: \_\_\_\_\_

List any physical restriction or restriction for any activity based on an existing medical condition: \_\_\_\_\_

Any additional information that would be helpful to know about your child: \_\_\_\_\_

**Sacraments:** (If baptismal certificate is not on file, please submit to the Faith Formation & Evangelization Office.)

Baptized: ☐ No ☐ Yes (List Church): \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

1st Reconciliation: ☐ No ☐ Yes

1<sup>st</sup> Communion: ☐ No ☐ Yes (List Church): \_\_\_\_\_ Date: \_\_\_\_\_

Confirmation: ☐ No ☐ Yes (List Church): \_\_\_\_\_ Date: \_\_\_\_\_

## 2023 - 2024 Faith Formation Registration Form

\$ 125.00 per child per year

\*\$50 discount for parent volunteers

### Student 2 Information

#### Program Choices:

*Check all that apply*

##### Little Saints (Pre-K-3rd Gr)

- ☐ Sun 9:30-10:45am  
☐ First Reconciliation & First Communion

##### Rock (4<sup>th</sup> & 5<sup>th</sup> Gr)

- ☐ Wed 6:45-8:00pm

##### EDGE (6<sup>th</sup> - 8<sup>th</sup>Gr)

- ☐ Wed 6:45-8:00pm

##### Encounter (9<sup>th</sup> -12<sup>th</sup> Gr)

- ☐ Sun 11:00am-12:00pm

##### Confirmation(11th - 12th Gr) +

+ pre-requisites must be met

First Name: \_\_\_\_\_ Last Name \_\_\_\_\_

Student Email: \_\_\_\_\_ Cell #: (\_\_\_\_) \_\_\_\_\_ Gender: ☐ Male ☐ Female

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

List all conditions (such as allergies, seizures) for which this student requires ongoing medication and state the type and frequency of medication given: \_\_\_\_\_

List any physical restriction or restriction for any activity based on an existing medical condition: \_\_\_\_\_

Any additional information that would be helpful to know about your child: \_\_\_\_\_

**Sacraments:** *(If baptismal certificate is not on file, please submit to the Faith Formation & Evangelization Office.)*

Baptized: ☐ No ☐ Yes (List Church): \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

1st Reconciliation: ☐ No ☐ Yes

1<sup>st</sup> Communion: ☐ No ☐ Yes (List Church): \_\_\_\_\_ Date: \_\_\_\_\_

Confirmation: ☐ No ☐ Yes (List Church): \_\_\_\_\_ Date: \_\_\_\_\_

## 2023 - 2024 Faith Formation Registration Form

\$ 125.00 per child per year

\*\$50 discount for parent volunteers

### Student 3 Information

#### Program Choices:

Check all that apply

##### Little Saints (Pre-K-3rd Gr)

☐ Sun 9:30-10:45am

☐ First Reconciliation & First Communion

##### Rock (4<sup>th</sup> & 5<sup>th</sup> Gr)

☐ Wed 6:45-8:00pm

##### EDGE (6<sup>th</sup> - 8<sup>th</sup> Gr)

☐ Wed 6:45-8:00pm

##### Encounter (9<sup>th</sup> -12<sup>th</sup> Gr)

☐ Sun 11:00am-12:00pm

##### Confirmation(11th - 12th Gr) +

+ pre-requisites must be met

First Name: \_\_\_\_\_ Last Name \_\_\_\_\_

Student Email: \_\_\_\_\_ Cell #: (\_\_\_\_) \_\_\_\_\_ Gender: ☐ Male ☐ Female

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

List all conditions (such as allergies, seizures) for which this student requires ongoing medication and state the type and frequency of medication given: \_\_\_\_\_

List any physical restriction or restriction for any activity based on an existing medical condition: \_\_\_\_\_

Any additional information that would be helpful to know about your child: \_\_\_\_\_

**Sacraments:** (If baptismal certificate is not on file, please submit to the Faith Formation & Evangelization Office.)

Baptized: ☐ No ☐ Yes (List Church): \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

1st Reconciliation: ☐ No ☐ Yes

1<sup>st</sup> Communion: ☐ No ☐ Yes (List Church): \_\_\_\_\_ Date: \_\_\_\_\_

Confirmation: ☐ No ☐ Yes (List Church): \_\_\_\_\_ Date: \_\_\_\_\_

## 2023 - 2024 Faith Formation Registration Form

\$ 125.00 per child per year

\*\$50 discount for parent volunteers

### PROGRAM FEES/PAYMENTS

Please make checks payable to St. Mary Church or pay via credit card on the website ([www.stmary-wc.org](http://www.stmary-wc.org)), click on "Online Payment" on any of the ministry pages, mail us your payment, or come to the office in person.

Financial aid and payment plans are available to families. Please contact the Faith Formation Office at 925-891-8939 or email [apisciotto@stmary-wc.org](mailto:apisciotto@stmary-wc.org)

\$125.00 per child per year

\*\*\$50 discount for every parent volunteer/catechist

### TOTAL REGISTRATION FEES DUE:

Cash \$\_\_\_\_ Check #\_\_\_\_ / \$\_\_\_\_