St. Philip Neri – St. Albert the Great Parish

Children's Faith Formation

Kindergarten through 7th Grade

Welcome to the 2026-2027 Children's Faith Formation (CFF) program at St. Philip Neri – St. Albert the Great Parish

Our CFF program is designed to help your child grow in relationship with Jesus Christ and His Church through prayer, worship, and sacred scripture.

We provide structured, age-appropriate, educational opportunities for spiritual growth and enrichment to students Kindergarten through 7th Grade. This includes a two-year sacramental preparation for First Reconciliation and First Communion.

Our program begins Sunday, September 27th
at the 9 am Family Mass – St. Philip Neri Church
with CFF classes to follow

To learn more, please contact

Catherine Morales
cff@spnsa.org
510-373-5216

Saint Philip Neri – Saint Albert the Great Parish

Children's Faith Formation Registration Form

2026-2027

PARENT / GUARDIAN INFORMATION

Address mail to (circle one): Mr. / Mrs. / Ms. / Dr. / Other___

Last Name: _____ First Name: _____

Street Address: _____

City: _____ Zip Code: _____

Relationship to Child: Mother	Relationship to Child: Father
Name: _____	Name: _____
Occupation: _____	Occupation: _____
Home Phone: _____	Home Phone: _____
Work Phone: _____	Work Phone: _____
Cell Phone: _____	Cell Phone: _____
Email: _____	Email: _____
Marital Status: _____	Marital Status: _____
Religion: _____	Religion: _____

Child's Name	DOB	Age	School	Grade	*Sacraments Received (Yes / No)* *Baptism*	*Reconciliation*	*Eucharist*

In the event I do not arrive on time to pick up my child(ren), I authorize the following persons to pick up my child(ren):

Name	Relationship to Child	Cell Phone	Home Phone

Registration Fees: One child is $125; each additional child is $25.
First Communion fees are an additional $60
(This is for Year Two of Preparation.)

Please make checks payable to St. Philip Neri – St. Albert the Great Parish

Diocese of Oakland
Office of Youth and Young Adult Ministry
PARENTAL PERMISSION, HEALTH AUTHORIZATION, RELEASE FORM
THERE MUST BE A COPY OF THIS FORM AT ALL YOUTH MINISTRY ACTIVITIES

Child's Name_____Parish_____

Address_____Phone_____

School_____Grade_____Birth Date_____

Parent/Guardians Name_____Home Phone_____

Address_____Work Phone_____

Pager or other Number_____

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

Name_____Phone_____

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HEALTH AND MEDICAL INFORMATION

Family Physician_____Address _____
Phone _____
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

Has your child had difficulty with the following (circle all that apply):

Asthma	Fainting	Spells	Convulsion
Diabetes	Heart	Eyes	Ears
Nose	Throat	Lungs	Digestion

Menstrual Problems
Other_____
List any physical restriction or restrictions for any activity on the basis of medical condition:

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

Parental Permission and Acknowledgment of Conditions for Participating in Program

1. I/we, parent or authorized guardian of the child named above given permission for his/her participation in **2026-2027 CFF Program,** and all related activities, including but not limited to transportation to and from this youth ministry event.

2. I/we agree to direct my/our child to cooperate and comply with reasonable directions and instructions from CFF/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 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 **2026-2027 CFF 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 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 therefore on account of serious or mortal injury to the body, injury to psyche or property of the participant, whether caused by negligence or other conduct by the Releases while the participant 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 guardian in, upon or about the premises of the Diocese, its facilities or equipment, or while participating in any youth ministry activities whether caused by the negligence of Releasees or otherwise.

3. That the participant 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. Philip Neri- St. Albert the Great.**

I have read this Agreement and understand everything written above.

_____ Date_____
Signature of Parent or Guardian

_____ Date_____
Signature of Parent or Guardian

Photo Release Form 2026-2027

Dear Parents:

Throughout the Children's Faith Formation Program, we will occasionally take photographs and/or video clips of group activities and programs for purposes of community building and occasional publication in the bulletin, Church display and Website.

Name of Child/Children: Grade:

_____ _____

_____ _____

_____ _____

☐ I give the Parish permission to use my child's name and photograph.

☐ I do not give the Parish permission to use my child's name and photograph.

_____ _____

Parent's Signature Date