

St. Philip Neri – St. Albert the Great Parish



Children's Faith Formation

Kindergarten through 7th Grade

Welcome to the 2023-2024 CFF Program! Registration packets for the upcoming academic year are attached. We look forward to building and strengthening your child's relationship with the Holy Trinity, the Catholic Church, and our community of St. Philip Neri-St. Albert the Great Parish.

Attached are several important forms that need to be completed and returned: A. Registration form, B. Emergency Health Information form (for each child enrolled), C. Calendar for 2023-24. Completed forms may be sent by email to bustosdiane@gmail.com or turned in to the SPN Parish office.

Registration fees are as follows: One child is \$110, each additional child is \$10. First Communion fees are an additional \$60 (This is for Year Two of Preparation.) Checks are payable to St. Philip Neri Church CFF. Every child is welcome. If you need financial assistance, please let me know.

Classes begin on Sunday, September 17th from 10:15 to 11:15 in the SPN School.

We look forward to seeing your family!

Diane Bustos,
CFF Coordinator

Saint Philip Neri – Saint Albert the Great Parish

Children's Faith Formation Registration Form

2023 – 2024

PARENT / GUARDIAN MAILING INFORMATION/EMAIL ADDRESS

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: _____

Sacraments Received (Yes / No)

Child's Name DOB Age School Grade 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

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

Child's Name _____ Parish _____

Address _____ Phone _____
(street, city, zip)

School _____ Grade _____ Birth Date _____

Parent/Guardians Name _____ Home Phone _____

Address _____ Work Phone _____
(street, city, zip)

Pager or other Number _____

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

Name _____ Phone _____

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: _____

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 (circle all that apply):

Asthma	Fainting Spells	Convulsions	Diabetes	Heart
Eyes	Ears	Nose	Throat	Lungs
Menstrual Problems				Digestion

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: _____

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

1. I/we, parent or authorized guardian of the child named above give permission for his/her participation in _____, 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 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 _____, 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 "Releasees") from all liability for any loss or damage, and any claim or demands therefor 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 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, parent or 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 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.

Signature of Parent or Guardian

Signature of Parent or Guardian

Children's Faith Formation
CALENDAR 2023-2024
For K-7 Classes,
First Communion Second Year

September

- 17 Class (Catechetical Sunday)
- 24 Class (Priesthood Sunday)

October

- 1 Class
- 8 No Class (Holiday)
- 15 Class
- 22 Class
- 29 Class

November

- 5 Class (FR/FC Parent Meeting
Rite of Enrollment – Church)
- 12 Class
- 19 Class
- 26 No Class (Thanksgiving)

December

- 3 Class
- 10 Class
- 17 Class (Christmas Party/Hall)
- 24 No Class (Christmas)
- 31 No Class (New Year)

January

- 7 Class (FR/FC Rite of Illumination
Parent Meeting/Church)
- 14 No Class (MLK Holiday)
- 21 Class
- 28 No Class (Catholic Schools Week)

February

- 4 Class
- 11 Class
- 14 Ash Wednesday
- 18 No Class (President's Holiday)
- 25 Class

March

- 3 Class
- 5 First Reconciliation/Church
- 10 Class
- 17 Class
- 24 Class (Palm Sunday Stations)
- 31 No Class (Easter)

April

- 7 Class
- 14 No Class (Spring Break)
- 21 Class
- 27 Retreat First Communion/Hall
- 28 Class

May

- 4 First Communion/Church
- 5 Last Class

FR/FC is First Reconciliation/First
Communion Class (second year)