



**ST. JOAN OF ARC
FAITH FORMATION/YOUTH MINISTRY
2601 SAN RAMON VALLEY BLVD.
SAN RAMON, CA 94583
925-830-4710**

June 1, 2021

BLESSINGS TO ALL OUR ST. JOAN CHILDREN, TEENS, PARENTS AND FAMILIES!

It is truly an understatement to say this last year of Faith Formation and Youth Ministry was different than any other, but I am proud to say WE DID IT! Children, teens and families continued to learn and grow closer to God in faith. But we are so happy that with the incredible progress being made in our county, state and country, we can look forward to in-person Faith Formation and Youth Ministry this fall! While things may not yet be completely “back to normal” by then, we believe that as we continue to follow all guidance from our county, state, and Bishop, we can have a safe and positive faith formation experience for everyone.

At the link below you will find our registration materials for the upcoming year. From kindergarteners through high school seniors, our mission is to lead children, teens, and families closer to Christ.

SJAKIDS: For children in grades K-5 and their parent(s)

This family-based program brings kids and parents together with other families to learn about our faith through Scripture, music, prayer, crafts, games and more! With the change in our parish Sunday Mass schedule, our options for SJAKids are different than they were pre-COVID, but we still offer three options (maximum of 50 families per session, first come, first served):

- SUNDAY A: meets in the gym 8:45-9:55 a.m., right before the 10 a.m. Mass.
- SUNDAY B: meets in the gym 10:45-11:55 a.m., right before the 12 noon Mass.
- THURSDAY: meets in the gym 6-7:15 p.m.

We know that living our faith includes attending Sunday Mass—your family may of course attend any of our weekend Masses, but we do encourage our Sunday SJAKids families to attend Mass together right after their SJAKids session (and for our Thursday families to attend either the 10 a.m. or 12 noon Mass with other SJAKids families). But of course, whatever Mass you attend is awesome!

Children preparing for FIRST COMMUNION:

- participate in SJAKids for at least one year prior to the sacrament year (i.e., it is a 2-year process),
- register for SJAKids at the beginning of the sacrament year,
- and participate in extra sessions with their parents that prepare them for First Reconciliation and First Communion.

EDGE: For our middle schoolers, 6th-8th grade

Our middle schoolers grow in faith together at EDGE, a dynamic youth ministry program with small groups that offers our middle schoolers the chance to discuss how our Catholic faith is relevant to their lives. EDGE meets in the gym on Wednesdays, 6:50-8:30 p.m.

LIGHT: For our high school students, 9th-12th grade

Freshmen and sophomores and juniors and seniors all participate in LIGHT, a fabulous youth ministry program that helps our teens embrace our Catholic faith through small group discussion, retreats, service projects and more. LIGHT will meet in the gym this year (instead of MPR—so we can spread out more!), 6:50-8:30 p.m.

DONUTS is our Sunday morning alternative to LIGHT, for teens who cannot make Monday evenings, and is offered when we have a parent to lead the group. DONUTS meets after the 10 a.m. Mass.

Confirmation: Teens interested in receiving the Sacrament of Confirmation are eligible to register for the program *if they are a high school junior or senior* **AND** have done the following:

- participated in LIGHT (or DONUTS) their freshman and sophomore years,
- attended one of our many retreats,
- and participated in community service (waived for 2021-22 Confirmation candidates).

Those teens who have not been confirmed and are currently completing their sophomore or junior year should have recently received a postcard with the status of his/her eligibility for the Confirmation program. If you have any questions regarding Confirmation and your teen's eligibility, please email Gina Camp at gcamp@sjasr.org, or call Gina at 830-4720.

VIRTUAL OPTION: If your child or teen will not be attending school in person and would still need a virtual option for Faith Formation or Youth Ministry, there is a box to check to indicate that on the registration form. We will provide a virtual option if there is enough need and interest, and if we have leaders for the various age groups.

We strongly encourage all our teens ages 12 and up to get vaccinated! (and all parents too!) Pope Francis, and our Bishop Michael Barber, encourage everyone eligible to get vaccinated as soon as possible. Pope Francis says, "it is the moral choice because it is about your life but also the lives of others." We will all feel better participating in SJAKids if we know the other parents there are vaccinated. We will feel more comfortable sending our children to EDGE, LIGHT, DONUTS or Confirmation if we know that the adults and teens there are vaccinated. Let's get as close to "back to normal" as we can, so our children, teens and families can focus on what is truly important: the love of God that never stops, never ends, and wants to fill our lives with joy and grace. Alleluia!

Please let us know if you have any questions, and we look forward to seeing all of you in the fall!

Blessings,

Mary, Gina and Marie— your Faith Formation/Youth Ministry Team

Mary Machi: mmachi@sjasr.org (SJAKids and LIGHT; Director of Faith Formation)

Gina Camp: gcamp@sjasr.org (EDGE and Confirmation)

Marie Pena: mpeña@sjasr.org (Faith Formation/Youth Ministry admin)

ST. JOAN OF ARC 2021-2022 FAITH FORMATION REGISTRATION FORM

Children’s Faith Formation Office: (925) 830-4710

Youth Ministry Office: (925)-830-4720

CHILD(REN)’S LAST NAME: _____

Street Address: _____ **City:** _____ **Zip Code:** _____

PARENT/GUARDIAN INFORMATION (Please print)

First	Last	Relationship	Phone	Phone type	E-mail
			1.	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work	1.
			2.	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work	2.
			1.	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work	1.
			2.	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work	2.

STUDENT INFORMATION

Please complete the following information for each child that you are enrolling in a faith formation program (3 ½ years old to senior in high school)

Child’s Name Preferred First Name	Last	Gender M/F	Date of Birth mm/dd/yy	Date of Baptism mm/dd/yy	Sacraments Received (Y/N)			Grade 2021-2022
					Reconciliation	Eucharist	Confirmation	
1)								
Cell Phone:		E-mail address (high school students only):						
Additional information for above child?								
2)								
Cell Phone:		E-mail address (high school students only):						
Additional information for above child?								
3)								
Cell Phone:		E-mail address (high school students only):						
Additional information for above child?								
4)								
Cell Phone:		E-mail address (high school students only):						
Additional information for above child?								

Child(ren) resides primarily with Mother Father Both parents Guardian Other _____

Please note any special family concerns or custody issues: _____

Please write each child's name in the proper column for the program you are registering him/her for and write the parent/guardian's name in the proper column for any program you wish to volunteer as a weekly leader for.

SJAKIDS: Forming Families of Disciples (for children in grades K-5, including those preparing for First Communion, AND their parent[s]) PLEASE CIRCLE ONE SESSION/TIMESLOT		EDGE (for all middle school students, grades 6-8)	LIGHT (for all high school students, grades 9-12) PLEASE CIRCLE ONE OPTION		Confirmation (Grades 11-12 & Pre-requisites met) **REGISTRATION DUE JUNE 25, 2021 WRITE NAME IN ONLY 1 COLUMN	
SUNDAY (session ends before 10am/12pm Mass begins) 8:45 – 9:55 a.m. OR 10:45 – 11:55 a.m.	THURSDAY 6:00 – 7:15 p.m.	WEDNESDAY 6:50 – 8:30 p.m.	MONDAY 6:50 – 8:30 p.m.	SUNDAY *DONUTS (After the 10 a.m. Mass)	CONFIRMATION ONLY	CONFIRMATION & LIGHT
Parents: if you are willing to be a small group leader at EDGE or LIGHT or Confirmation, write your name here →						

Check this box if your child(ren) is only able to participate if there is a virtual option.

PROGRAM FEES:

Program registration fees: \$150 per child **OR** \$125 per child (If you register before **AUGUST 15th**)

\$150 x _____ = _____
 \$125 x _____ = _____

Sacrament Fees: (for 1st Communion and Confirmation Candidates) \$100 per child, per sacrament

\$100 x _____ = _____ + _____
Subtotal _____

Discount:
 Parent/guardian agrees to volunteer as a weekly facilitator / leader for the year at **EDGE or LIGHT or Confirmation** (no volunteer discount given for SJAKIDS as kids & parents participate together)

\$75 x _____ = _____ - _____

TOTAL REGISTRATIONS FEES DUE:

Please make checks payable to St Joan of Arc or pay via credit card on the website (www.sjasr.org, click on Online Giving under the Quick Links list located on the bottom right of the page) or come to the office in person.

\$ _____
TOTAL DUE

Financial aid and payment plans are available to families. Please contact Gina Camp at 925-830-4720 or email her at gcamp@sjasr.org to discuss options.

2021/2022 Faith Formation and Youth Ministry
St. Joan of Arc Parish, Diocese of Oakland
PARENTAL PERMISSION, HEALTH AUTHORIZATION, RELEASE FORM

There must be a copy of this form at ALL Faith Formation and Youth Ministry Activities

1st Child's Full Name: _____ **DOB:** _____

Cell Phone (if child has): _____

Sex (Circle One): **M** **F** Grade (Fall 2021): _____ School (Fall 2021): _____

Allergies/Drug Allergies: _____ Asthma: Y N

Routine Medications: _____

List any medical conditions or disabilities we should be aware of: _____

Date of child's last physical examination: _____

2nd Child's Full Name: _____ **DOB:** _____

Cell Phone (if child has): _____

Sex (Circle One): **M** **F** Grade (Fall 2021): _____ School (Fall 2021): _____

Allergies/Drug Allergies: _____ Asthma: Y N

Routine Medications: _____

List any medical conditions or disabilities we should be aware of: _____

Date of child's last physical examination: _____

3rd Child's Full Name: _____ **DOB:** _____

Cell Phone (if child has): _____

Sex (Circle One): **M** **F** Grade (Fall 2021): _____ School (Fall 2021): _____

Allergies/Drug Allergies: _____ Asthma: Y N

Routine Medications: _____

List any medical conditions or disabilities we should be aware of: _____

Date of child's last physical examination: _____

HEALTH AND MEDICAL INFORMATION

Family Physician: _____ Phone: _____

Address: _____

Print Name of Policy Holder: _____

Insurance Company: _____

Employer/Group Number: _____ Policy/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: _____

Parental Permission and Acknowledgment of Conditions for Participation in Program

1. I/we, parent or authorized guardian of the child(ren) named above give permission for his/her/their participation in **2021/2022 Faith Formation and Youth Ministry programs** and all related activities, including but not limited to transportation to and from this event.
2. I/we agree to direct my/our child to cooperate and comply with reasonable directions and instructions from Faith Formation and 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(ren) as a result of his/her/their participation in this event, whether or not caused by the negligence of the parish, faith formation or youth ministry program staff, agents, volunteers or other participants.
4. I/we understand that children participating in faith formation or youth ministry activities risk injury to the body, psyche or property damage to themselves or others. Such injuries can be caused by other 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 the activities of the faith formation and youth ministry program, use the equipment provided and to 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 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, parent or guardian is participating the youth ministry activities 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.

 Model Release Statement I hereby (circle one) **GRANT/ DECLINE** permission for my child(ren) named *Initial here* on this form to be photographed and/or videotaped during Faith Formation and Youth Ministry 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. Joan of Arc.

I have read this Agreement and understand everything written above.

Print Name of Parent or Guardian

Signature of Parent or Guardian

Date

Mother/Father cell #: _____

Mother/Father cell #: _____

Primary Email: _____

EMERGENCY CONTACT: In an emergency, we will always attempt to contact the parents first.

Please provide contact information of someone, *other than parents*, in case the parents cannot be reached.

NAME: _____ Cellphone: _____ Relationship: _____