

St. Joan of Arc Church
2022 - 2023 Faith Formation Registration Form
 2601 San Ramon Valley Blvd, San Ramon, CA 94583 (925) 830-4710
 Website: www.sjasr.org Email: cff@sjasr.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: _____

Parents' Information

Marital Status: (check) Single ___ Married ___ Divorced ___ Separated ___ Widowed ___ Other: _____

First Name	Last Name	First Name	Last Name
Parent 1:		Parent 2:	
Religion: _____ Occupation: _____		Religion: _____ Occupation: _____	
Work #: _____ Cell #: _____		Work #: _____ Cell #: _____	
Email: _____		Email: _____	
Address (if different from above)		Address (if different from above)	

Complete this section if child(ren) does not reside with parents.

Stepfather/Guardian:	Stepmother/Guardian:
Religion: _____ Occupation: _____	Religion: _____ Occupation: _____
Work #: _____ Cell #: _____	Work #: _____ Cell #: _____

Emergency Contact Information

1 st Person (Other than parents/guardians)	2 nd Person (Other than parents/guardians)
Name: _____	Name: _____
Relationship: _____	Relationship: _____
Home # _____ Cell/Other #: _____	Home # _____ Cell/Other #: _____
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 #: _____

AMOUNT PAID	FEE	QTY	TOTAL
Regular Fee (per child):		X	
OR Early Bird Fee (per child, before Aug 15)		X	
Sacraments Fee: (per sacrament)		X	
Volunteer Discount:*		X	
*Parent/guardian agrees to volunteer as a weekly facilitator/leader for the year for EDGE/LIGHT/CONFIRMATION ONLY.			
TOTAL			

Cash \$ _____ Check # _____ / \$ _____

TOTAL REGISTRATIONS FEE 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.

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

Parental Permission & Acknowledgement of Conditions for Participation in Program

List child(ren) registered in 2022-2023 St. Joan of Arc 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. Joan of Arc Catholic Church, San Ramon, CA.
 2. I/we agree to direct my/our child(ren) to cooperate and comply with reasonable directions and instructions from St. Joan of Arc 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. Joan of Arc Faith Formation Program employees, agents or volunteers or other participants.
 4. I/we understand that youth participating in St. Joan of Arc 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. Joan of Arc 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. Joan of Arc 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. Joan of Arc 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. Joan of Arc Catholic Church, San Ramon, 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.)

Date

2022 - 2023 Faith Formation Registration Form

1st Student's Information

Program Choices:

Check all that apply

SJAKids (K-5th Grade)

Sun 8:45-9:55am

Sun 10:45-11:55am

Thurs 6:00-7:15 pm

First Reconciliation &
First Communion

EDGE (6th - 8th Gr)

Wed, 6:50-8:30pm

LIGHT (9th - 12th Gr)

Mon 6:50-8:30pm

Confirmation

(11th - 12th Gr) * +

Sundays (see calendar)

Thursdays, 7:00-9:00 pm

Confirmation
Sacrament fee

*Registration due June 30,
2022

+ pre-requisites must be
met

First Name: _____ MI _____ Last: _____

Email: _____ Cell #: (____) _____ - _____ Gender
Male Female

Date of Birth: ____/____/____ Birthplace: (City) _____ (State) _____

Tshirt Size: _____ 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: _____

Student had difficulty with the following (*check all that apply*):

__ Asthma __ Fainting Spells __ Convulsions __ Diabetes __ Heart __ Eyes __ Digestion

__ Menstrual Problems __ Other: _____

List any physical restriction or restriction for any activity on the basis of medical condition:

_____ Date of last physical examination: _____

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

Friend Request: _____

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

Baptized: No Yes, Church: _____ Date: _____

Address: _____ City: _____ State: _____

1st Reconciliation: No Yes

1st Communion: No Yes, Church: _____ Date: _____

Confirmation: No Yes, Church: _____ Date: _____

2022 - 2023 Faith Formation Registration Form

2nd Student's Information

Program Choices:

Check all that apply

SJAKids (K-5th Grade)

Sun 8:45-9:55am

Sun 10:45-11:55am

Thurs 6:00-7:15 pm

*First Reconciliation &
First Communion*

EDGE (6th - 8th Gr)

Wed, 6:50-8:30pm

LIGHT (9th - 12th Gr)

Mon 6:50-8:30pm

Confirmation

(11th - 12th Gr) * +

Sundays (see calendar)

Thursdays, 7:00-9:00 pm

*Confirmation
Sacrament fee*

**Registration due June 30,
2022*

*+ pre-requisites must be
met*

First Name: _____ **MI** _____ **Last:** _____

Email: _____ **Cell #:** (____) _____ - _____ **Gender**
Male Female

Date of Birth: ____/____/____ **Birthplace:** (City) _____ (State) _____

Tshirt Size: _____ **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: _____

Student had difficulty with the following (*check all that apply*):

__ Asthma __ Fainting Spells __ Convulsions __ Diabetes __ Heart __ Eyes __ Digestion
__ Menstrual Problems __ Other: _____

List any physical restriction or restriction for any activity on the basis of medical condition:

_____ Date of last physical examination: _____

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

Friend Request: _____

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

Baptized: No Yes, Church: _____ Date: _____

Address: _____ **City:** _____ **State:** _____

1st Reconciliation: No Yes

1st Communion: No Yes, Church: _____ Date: _____

Confirmation: No Yes, Church: _____ Date: _____

2022 - 2023 Faith Formation Registration Form

3rd Student's Information

Program Choices:

Check all that apply

SJAKids (K-5th Grade)

Sun 8:45-9:55am

Sun 10:45-11:55am

Thurs 6:00-7:15 pm

First Reconciliation &
First Communion

EDGE (6th - 8th Gr)

Wed, 6:50-8:30pm

LIGHT (9th - 12th Gr)

Mon 6:50-8:30pm

Confirmation

(11th - 12th Gr) * +

Sundays (see calendar)

Thursdays, 7:00-9:00 pm

Confirmation
Sacrament fee

*Registration due June 30,
2022

+ pre-requisites must be
met

First Name: _____ MI _____ Last: _____

Email: _____ Cell #: (____) _____ - _____ Gender
Male Female

Date of Birth: ____/____/____ Birthplace: (City) _____ (State) _____

Tshirt Size: _____ 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: _____

Student had difficulty with the following (*check all that apply*):

Asthma Fainting Spells Convulsions Diabetes Heart Eyes Digestion

Menstrual Problems Other: _____

List any physical restriction or restriction for any activity on the basis of medical condition:

_____ Date of last physical examination: _____

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

Friend Request: _____

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

Baptized: No Yes, Church: _____ Date: _____

Address: _____ City: _____ State: _____

1st Reconciliation: No Yes

1st Communion: No Yes, Church: _____ Date: _____

Confirmation: No Yes, Church: _____ Date: _____

2022 - 2023 Faith Formation Registration Form

4th Student's Information

Program Choices:

Check all that apply

SJAKids (K-5th Grade)

Sun 8:45-9:55am

Sun 10:45-11:55am

Thurs 6:00-7:15 pm

First Reconciliation &
First Communion

EDGE (6th - 8th Gr)

Wed, 6:50-8:30pm

LIGHT (9th - 12th Gr)

Mon 6:50-8:30pm

Confirmation

(11th - 12th Gr) * +

Sundays (see calendar)

Thursdays, 7:00-9:00 pm

Confirmation
Sacrament fee

*Registration due June 30,
2022

+ pre-requisites must be
met

First Name: _____ MI _____ Last: _____

Email: _____ Cell #: (____) _____ - _____ Gender
Male Female

Date of Birth: ____/____/____ Birthplace: (City) _____ (State) _____

Tshirt Size: _____ 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: _____

Student had difficulty with the following (*check all that apply*):

Asthma Fainting Spells Convulsions Diabetes Heart Eyes Digestion

Menstrual Problems Other: _____

List any physical restriction or restriction for any activity on the basis of medical condition:

_____ Date of last physical examination: _____

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

Friend Request: _____

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

Baptized: No Yes, Church: _____ Date: _____

Address: _____ City: _____ State: _____

1st Reconciliation: No Yes

1st Communion: No Yes, Church: _____ Date: _____

Confirmation: No Yes, Church: _____ Date: _____