

# SANTA TERESA CATHOLIC CHURCH FAITH FORMATION PROGRAM

## New & Continuing Registration 2018 - 2019

DATE:

PARISH INFORMATION	
Location Name: Santa Teresa Catholic Church	Telephone: 408-629-7777
Location Address: 794 Calero Avenue, San Jose, CA 95123	Fax: 408-629-5260
Contact Name: Nancy Royal x108 <a href="mailto:nancy@santateresachurch.com">nancy@santateresachurch.com</a> / Sherri Butler x103 <a href="mailto:sherri@santateresachurch.com">sherri@santateresachurch.com</a>	

FAMILY INFORMATION		PLEASE PRINT CLEARLY	
Family Last Name:		Email:	
Home Address:		City:	Zip:
Home Telephone:		Cell Telephone:	
Have family members attended FF Program here before: Yes <input type="checkbox"/> No <input type="checkbox"/>			
Mother's Name:	First:	Maiden:	Last:
Religion: Married: Separated: Divorced: Single Parent:			
Sacraments Completed:			
Baptism <input type="checkbox"/> Yes <input type="checkbox"/> No	First Eucharist <input type="checkbox"/> Yes <input type="checkbox"/> No	Confirmation <input type="checkbox"/> Yes <input type="checkbox"/> No	Marriage <input type="checkbox"/> Yes <input type="checkbox"/> No
Father's Name:	First:	Middle:	Last:
Religion: Married: Separated: Divorced: Single Parent:			
Sacraments Completed:			
Baptism <input type="checkbox"/> Yes <input type="checkbox"/> No	First Eucharist <input type="checkbox"/> Yes <input type="checkbox"/> No	Confirmation <input type="checkbox"/> Yes <input type="checkbox"/> No	Marriage <input type="checkbox"/> Yes <input type="checkbox"/> No
Parish Affiliation: Registered Santa Teresa Parishioner Yes: <input type="checkbox"/> No: <input type="checkbox"/>			
<b>Note:</b> Your family must be registered parishioners at Santa Teresa Church to participate in our Faith Formation Program:			
Names of children registered for FF:		1.	
2.		3.	

Will any FF Child be preparing for a Sacrament?  Yes  No

PARENTAL PHOTO CONSENT	
<p>Santa Teresa Church Faith Formation Program may photograph Faith Formation students in class, at prayer services or socials which may be printed in the church bulletin, Faith Formation or parish newsletter or on the church website for current and future promotional purposes and recognition. The photos will not include the children's names. We would appreciate your permission to use the photographs, which may contain images of your minor child, for that purpose.</p> <p>I/We, the undersigned parent(s) or guardian(s) of _____, a minor, give permission to Santa Teresa Church to use photographs in any and all promotional materials associated with Faith Formation Program.</p> <p>Parent/Guardian Signature _____ Date _____</p>	
<p><b>Faith Formation sessions are held monthly: Sunday: 1:15 p.m. – 3:15 p.m.</b></p> <p><b>Sacrament Preparation Sessions are held monthly: Tuesday 6:30 p.m. – 8:30 p.m.</b></p>	
<b>Office Use Only:</b>	
Date Received: _____ By: _____	# of Children Registered: _____
Check #: _____ Amount \$ _____	Received Baptism Certificate: _____

**STUDENT PERSONAL INFORMATION (1)**

<b>Student Name:</b>		<b>Place of Birth:</b>	
<b>Date of Birth:</b>		<b>Age:</b>	
<b>Grade starting in the Fall:</b>		<b>Receiving Sacraments: Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/>	
<b>Has this person been baptized Catholic?</b> <input type="checkbox"/> <b>Yes</b>		<b>Date:</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/>	
<b>Church Name of Baptism:</b>		<b>City:</b>	<b>State:</b>
<i>I have attached a copy of the Baptism Certificate to Registration form</i>		Yes <input type="checkbox"/> No <input type="checkbox"/>	
<i>Has your child attended a different parish Faith Formation program or attended Catholic School?</i>		Yes _____ No _____	
<i>If yes, which parish or school:</i>		Year/s: form Yes _____ No _____	
<b>Sacraments ALREADY received</b>			
<b>1<sup>st</sup> Reconciliation:</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>	<b>Date:</b>	<b>Parish Name/Location:</b>
<b>1<sup>st</sup> Communion:</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>	<b>Date:</b>	<b>Parish Name/Location:</b>
<b>Confirmation:</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>	<b>Date:</b>	<b>Parish Name/Location:</b>

**STUDENT PERSONAL INFORMATION (2)**

<b>Student Name:</b>		<b>Place of Birth:</b>	
<b>Date of Birth:</b>		<b>Age:</b>	
<b>Grade starting in the Fall:</b>		<b>Receiving Sacraments: Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/>	
<b>Has this person been baptized Catholic?</b> <input type="checkbox"/> <b>Yes</b>		<b>Date:</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/>	
<b>Church Name of Baptism:</b>		<b>City:</b>	<b>State:</b>
<i>I have attached a copy of the Baptism Certificate to Registration form</i>		Yes <input type="checkbox"/> No <input type="checkbox"/>	
<i>Has your child attended a different parish Faith Formation program or attended Catholic School?</i>		Yes _____ No _____	
<i>If yes, which parish or school:</i>		Year/s:	
<b>Sacraments ALREADY received</b>			
<b>1<sup>st</sup> Reconciliation:</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>	<b>Date:</b>	<b>Parish Name/Location:</b>
<b>1<sup>st</sup> Communion:</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>	<b>Date:</b>	<b>Parish Name/Location:</b>
<b>Confirmation:</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>	<b>Date:</b>	<b>Parish Name/Location:</b>

**STUDENT PERSONAL INFORMATION (3)**

<b>Student Name:</b>		<b>Place of Birth:</b>	
<b>Date of Birth:</b>		<b>Age:</b>	
<b>Grade starting in the Fall:</b>		<b>Receiving Sacraments: Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/>	
<b>Has this person been baptized Catholic?</b> <input type="checkbox"/> <b>Yes</b>		<b>Date:</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/>	
<b>Church Name of Baptism:</b>		<b>City:</b>	<b>State:</b>
<i>I have attached a copy of the Baptism Certificate to Registration form</i>		Yes <input type="checkbox"/> No <input type="checkbox"/>	
<i>Has your child attended a different parish Faith Formation program or attended Catholic School?</i>		Yes _____ No _____	
<i>If yes, which parish or school:</i>		Year/s:	
<b>Sacraments ALREADY received</b>			
<b>1<sup>st</sup> Reconciliation:</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>	<b>Date:</b>	<b>Parish Name/Location:</b>
<b>1<sup>st</sup> Communion:</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>	<b>Date:</b>	<b>Parish Name/Location:</b>
<b>Confirmation:</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>	<b>Date:</b>	<b>Parish Name/Location:</b>

# SANTA TERESA CATHOLIC CHURCH FAITH FORMATION PROGRAM EMERGENCY AND HEALTH INFORMATION 2018 – 2019

If this information does not apply to all children in your family, please fill out one form per child.  
Information must be complete.

FAMILY INFORMATION				
Family Last Name:		Home Phone:		
Home Address:		City:	Zip:	
Name of Father/Guardian:		Cell Phone:		
E-mail address:		I Prefer to be contacted by e-mail or phone <i>(circle one)</i>		
Name of Mother/Guardian:		Cell Phone:		
E-mail address:		I Prefer to be contacted by e-mail or phone <i>(circle one)</i>		
Child lives with:				
MEDICAL INFORMATION				
Medical Insurance:		ID#		
I understand that Faith Formation does not assume responsibility for payment of a physician in any case. However, in an emergency, Faith Formation may choose a physician. Please indicate: _____ Yes _____ No				
Name of Doctor: _____ Phone: _____				
Child's Name & Faith Formation Class	List any drug, food, or other allergies (i.e. bee sting, etc.)	List any chronic illness (Asthma, diabetes, heart condition, epilepsy, etc.)	List any medications taken on a regular basis	Please comment on anything else we need to know about your child

## CONSENT FOR TREATMENT

I/We the undersigned parents or legal guardian of \_\_\_\_\_ *(list all children above)*, a minor, do hereby authorize a representative of Santa Teresa Faith Formation, as agent(s) for the undersigned to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care that is deemed advisable by, and is to be rendered under the general or special supervision of any physician and surgeon licensed under the provisions of the California Medicine Practice Act on the medical staff of an accredited hospital whether such diagnosis or treatment is rendered at the office of said physician or said hospital.

It is understood that this authorization is given in advance of any specific diagnosis treatment or hospital care being required but is given to provide authority and power on the part of the above-mentioned agent(s) to give specific consent to any and all such diagnosis, treatment or hospital care that the above mentioned physician in the exercise of his or her best judgment may deem advisable.

Parent or Legal Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_

# SANTA TERESA CATHOLIC CHURCH FAITH FORMATION PROGRAM

## Parent Volunteer Form

Our catechists, and aides, and office help are all volunteers. We really need your help in all areas of the Faith Formation Program. To complete registration, parents must volunteer at least 2 hours a year to the Faith Formation Program or to other ministries in the parish.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_ Best way to contact: \_\_\_\_\_ E-mail \_\_\_\_\_ Phone \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

I am able to volunteer in one or more of the following areas:

### Faith Formation

- \_\_\_\_\_ Assist at Christmas at Santa Teresa, December 16, 2018.
- \_\_\_\_\_ Assist at Christmas Eve Mass Nativity Pageant, December 24, 2017 @ 4:00 p.m. Mass.
- \_\_\_\_\_ Assist at First Eucharist Workshop, April 13, 2019 9 a.m. – 12 p.m.
- \_\_\_\_\_ 10 a.m. Sunday Mass Children's Liturgy of the Word Catechist / Aide (*circle 1 or both*)
- \_\_\_\_\_ FF Office or Parish Office Helper: Best Days/Times \_\_\_\_\_
- \_\_\_\_\_ Faith Formation photographs: take pictures for 1 or more FF events
- \_\_\_\_\_ Assist at FF prayer services/socials/workshops
- \_\_\_\_\_ Bring treats for student classes
- \_\_\_\_\_ Sewing or crafts

### Other Ministries

- \_\_\_\_\_ Hospitality, lector, Eucharistic minister
- \_\_\_\_\_ Parish Food Drive, Thanksgiving (Sunday, November 11 & 18); Christmas (Sunday, December 9 & 16); Easter (Sunday, April 7 & 14)
- \_\_\_\_\_ Other services \_\_\_\_\_

**Thank you for helping and for modeling  
Christian community service to our young disciples**