

St. Anthony of Padua Faith Formation

(415) 883-2177 Office – SAFaithFormation@gmail.com email



2016-2017

Sacraments Celebrated <i>Please check all sacraments received. Copy of baptismal certificate required for receipt of sacraments:</i> <input type="checkbox"/> Baptism <input type="checkbox"/> First Eucharist <input type="checkbox"/> Reconciliation <input type="checkbox"/> Confirmation	Youth Preparation Sacrament of Holy Communion Children must attend a minimum of two years instruction before receiving First Communion. The 1 st year is specifically faith formation; at the conclusion of the 1 st year students should express a desire for the sacraments as well as display a beginning knowledge of prayer, who God is and how much God loves us. The 2 nd year of formation is specific preparation for the sacraments of reconciliation and Holy Communion.	Please select which day and time is preferable for your family. _____ Wed. 4:00pm - 5:00pm _____ Sun. 10:15am – 11:15am
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PLEASE PRINT CLEARLY

Student Name: _____
First Middle Last Nick Name

Address: _____
City State Zip Code

*If parents are separated or divorced, please list whom the student lives with as **Primary** contact. If there are any other situations related to custody we should be know about, please advise on a separate sheet of paper.*

Parent (Guardian) Names: _____
Primary (1st) Secondary (2nd)

Parent Address: _____
Primary Secondary

1st Parent/Guardian Home #: _____ 2nd Parent Guardian Home #: _____

1st Parent/Guardian Cell #: _____ 2nd Parent Guardian Cell #: _____

Text Ok? Yes No

Text Ok? Yes No

1st Parent Guardian email: _____

2nd Parent Guardian email: _____

Student Cell: _____ Text Ok? Yes No

Student email: _____

2016-17 Grade: _____ Name of School: _____ Birthday (mm/dd/yy): _____

REGISTRATION FEES: \$125 for 1 student \$150 for 2 students \$175 for 3 students REGISTERED PARISHIONER: Yes No *These fees offset the cost of materials, supplies and retreats necessary for the program. Arrangements can be made for families in need of assistance. No one will be denied instruction for financial reasons. Please make checks payable to St. Anthony of Padua Parish. Amount Paid: _____ Date _____ Check # _____ Cash _____
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COMPLETE OTHER SIDE



Student's Name: _____

Parent Medical and Liability Release Statement: I understand that in the event medical intervention is needed every attempt will be made to contact me or the emergency contacts immediately. In the event I cannot be reached, I hereby give my consent to any emergency medical, dental or related care which may be needed and deemed necessary to my child while participating in classes or activities at St. Anthony of Padua Parish Faith Formation Program during the 2016-2017 school year. I agree not to hold St. Anthony of Padua Parish, Archdiocese of San Francisco, its leaders, employees or volunteer staff liable for damages, losses, diseases or injuries incurred by the subject of this form.

Family Doctor: _____ Phone Number: _____

Address: _____ Hospital: Novato Kaiser Marin Other: _____

Parent Signature: _____ Date: _____

Emergency Information (List only friends/relative who live nearby and can be easily reached by phone.)		
Emergency Name:	Home Phone:	Cell Phone:
Emergency Name:	Home Phone:	Cell Phone:

VIDEO/PHOTO/AUDIO VISUAL PERMISSION: I also understand and consent to the use of any videotape, photographs, slides, audio tapes and any other visual or audio production in which my child may appear by St. Anthony of Padua Parish. I understand that these materials are being used for the promotion of St. Anthony Parish that includes volunteer recruitment, internet/social media, and fund raising efforts.

Parent Signature: _____ Date: _____

Dear Parents, I am asking each of you to partner with us. Let's make St. Anthony Parish Faith Formation and Youth Ministry a place where our youth desire to come, grow, share and prayerfully choose to follow Jesus Christ. This can only happen if parents lead by example in their faith and service. Please prayerfully consider where God is calling each of you to help share the Gospel with our younger generation through words and actions. I understand that you may want to give your youth space, however without help we cannot serve the needs of our youth for Faith Formation and youth ministry programs at St. Anthony Parish. As Mother Teresa says, *Do small things with great love!*

Parents: Check ONE area (more is always great) where you can partner with us!

This helps us to know where you are interested in helping. We will call you and discuss before assigning you to a ministry.

<u>Teaching and Office Ministries</u>	<u>Events Ministry</u>	<u>Chaperone & Driving Ministries</u> (Middle & High School)
<input type="checkbox"/> *Catechist (Su or We) (1 year commitment) <input type="checkbox"/> *Classroom Aide (Su or We) <input type="checkbox"/> Office Help (Su or We) <input type="checkbox"/> Snacks <input type="checkbox"/> Phone Calls <input type="checkbox"/> Bulletin Stuffing (as needed)	<input type="checkbox"/> Harvest Festival <input type="checkbox"/> Christmas Pageant <input type="checkbox"/> Easter Celebration <input type="checkbox"/> Prayer Partner <input type="checkbox"/> Fundraising <input type="checkbox"/> Photography or filming <input type="checkbox"/> Birthday Outreach Ministry <input type="checkbox"/> Wherever I am needed: <ul style="list-style-type: none"> ○ Weekdays M T W Th ○ Weeknights M T W Th ○ Weekends Fr Sa Su 	<input type="checkbox"/> *Retreat 2017 <ul style="list-style-type: none"> ○ Driver ○ Potluck <input type="checkbox"/> *West Coast Walk for Life 1/21/2017 <input type="checkbox"/> Lock Ins (overnight gathering) <input type="checkbox"/> *Steubenville San Diego July 2017 <input type="checkbox"/> *Drivers for events, concerts, etc.

***All Chaperone & Driving Ministries and others marked with * require Safe Environment Training.**