

SAINT PHILIP NERI - ST. ALBERT THE GREAT PARISH

Children's Faith Formation

3101 Van Buren Street Alameda, California 94501 510-373-5218

August 2016

Dear Parents and Guardians of Children in Grades Kindergarten through Seventh,

Welcome to the 2016 – 2017 Children's Faith Formation (CFF) program. Registration materials for the upcoming academic year are enclosed in this packet. We look forward to partnering with you in building and strengthening your child's relationship with the Holy Trinity, the Catholic Church, and our parish communities of St Philip Neri and Saint Albert the Great. Due to rising teaching material costs, our fees have increased this coming year.

Together at this site are several important forms that need to be completed and returned:

- a) Children's Faith Formation Registration Form;
- b) Emergency Health Information Form (*please note, an Emergency Health Information Form must be completed for each child enrolled*);
- c) CFF Calendar for 2016-2017;
- d) Parish Registration Form;
- e) Family Mass Schedule

Completed forms may be sent by email to cff@spnsa.org or turned in to the SPN Office (address above) Monday through Friday. Please submit the appropriate registration fees with your forms.

Registration fees for the 2016 – 2017 classes are as follows:

Family registration and fee for one child:	\$110.00
Fee per additional child:	\$10.00
*First Communion Fee per child:	\$60.00

*The First Communion fee is applicable to children in the First Communion class who will be preparing to receive the sacraments of First Reconciliation and First Eucharist in the spring of 2017.

(OVER)

Please make checks payable to Saint Philip Neri Church. Feel free to call me if you need to discuss deferred billing. Every child is entitled to catechesis regardless of their family's ability to pay registration fees.

All elementary and middle school children meet on Sundays. Classes begin on Sunday, September 11th.

Elementary school children in Grades Kindergarten through Five

10:15 am – 11:15 am in SPN School

Middle school children in Grades Six through Seventh

10:15am – 11:15am in SPN Rectory Basement

If you have any questions regarding registration, please do not hesitate to call me. Also, if you are aware of any families who may be interested in receiving information about the CFF program, please call my office. Once again, WELCOME to the Children's Faith Formation Program. We look forward to seeing your family for the CFF program in 2016-2017

Yours In Christ,

Jesus Romero
Children's Faith Formation Coordinator
St. Philip Neri – St. Albert Parish

We will occasionally take photos and/or video clips of group activities and programs for the purposes of community building and occasional publications in the bulletin, Church displays and Website.

___ I give the Parish permission to use my child's name and photograph

___ I do not give the Parish permission to use my child's name and photograph

Signature _____ Date _____

Relationship to child(ren) _____
(mother, father, legal guardian, grandmother, grandfather, etc.)

For office use only:

Date paid: _____ **Amount:** _____ **Cash or**
Check No.: _____ **Recv'd**
Handbook Y N

Diocese of Oakland
Office of Youth and Young Adult Ministry
PARENTAL PERMISSION, HEALTH AUTHORIZATION, RELEASE FORM
THERE MUST BE A COPY OF THIS FORM AT 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 Digestion

Menstrual Problems

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: _____

(COMPLETE BACK OF FORM)

**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.

Date _____

Signature of Parent or Guardian

Date _____

Signature of Parent or Guardian

Calendar of Classes and Special Activities
Elementary & Middle School
2016 – 2017

September

- 11 – First Class/Prayer Service**
(9/11 9am Mass)
- 18 – Class (Catechetical Sunday)
- 25 – Class

October

- 2 – Class/Pet Blessing**
- 9 – Class/Parent Mtg/Hall**
- 16 – Class
- 23 – Class
- 28 – Family Bingo/6:30pm – Hall
- 30 – Class

November

- 6 – Class (Daylight Savings Time Ends)
- 13 – Class
- 20 – No Class (Thanksgiving Break)
- 27 – Advent/Xmas Project – Hall**

December

- 4 – Class
- 11 – Class
- 18 – No Class
- 25 – No Class

January

- 8 – Class
- 15 – No Class (MLK weekend)
- 22 – Class
- 29 – No Class (Catholic Schools Week)

February

- 5 – Safe Environment Training
- 12 – Class
- 19 – No Class (President's Weekend)
- 26 – Class

March

- 1 – Ash Wednesday/Prayer Service**
- 5 – Class
- 12 – Class
- 19 – Class
- 26 – Class

April

- 2 – Stations of the Cross – Church**
- 9 – Class (Palm Sunday)
- 16 – No Class (Easter Sunday)
- 23 – Class
- 30 – Class

May

- 7 – Class
- 14 – No Class/Mother's Day
- 21 – Last Class/Prayer Srv/Party**

**Family Catechesis – Parent/family participation is strongly encouraged.

	A	B	C	D	E
1					
2			FAMILY MASS SCHEDULE 2016-2017		
3					
4	Date	Grade	Gospel Reading	Sunday of the month	Liturgical Date
5	2016		Year C		
6	9/25	4th	Luke 16:19-31	4th	26th Sunday OT
7					
8	10/23	5th	Luke 18:9-14	4th	30th Sunday OT
9					
10	11/13	3rd	Luke 21:5-19	3rd	33rd Sunday OT
11					
12			Year A		
13	12/24	K,1st,2nd	Matthew 1:18-21	4:00 Mass	Christmas Eve
14					
15	2017				
16	1/22	4th	Matthew 4:12-23	4th	3rd Sunday OT
17					
18	2/12	5th	Matthew 5:17-37	2nd	6th Sunday in OT
19					
20	3/19	3rd	John 4:5-42	3rd	3rd Sunday Lent
21					
22	4/23	1st	John 20:19-31	4th	Divine Mercy
23					
24	5/14	2nd	John 14:1-12	2nd	Mothers Day - 5th Sun. Easter

St. Philip Ner-St. Albert the Great Parish Registration

Parish Registration Number: _____

Affiliation: Church you most often attend, check one

St. Albert

St. Philip

Last Name:		Title: Mr. / Mrs. Ms.	First:	Phone:	Email:	
Spouse Last Name:		Title: Mr. / Mrs. Ms.	First:	Phone:	Email:	
Address:		State:	City:	ZIP Code:		
Registration Date:	I would like information on Electronic Funds Transfer donations Yes <input type="checkbox"/> No <input type="checkbox"/>		Do you want to receive parish contribution envelopes? Yes <input type="checkbox"/> No <input type="checkbox"/>		Do you presently receive the Catholic Voice? Yes <input type="checkbox"/> No <input type="checkbox"/>	
First Name	Registered Member	Registered Spouse	Child	Child	Child	Child/Other
Last Name						
Gender						
Marital Status						
Religion						
Primary Language						
Occupation						
Birth date						
Baptism						
Confirmation						
Eucharist						
Talents or skills you are willing to share						

Stewardship Support

I am interested in receiving information on the following ministries

Pastoral Council		Stewardship Committee	
Finance Council		Liturgy Committee	
Office Volunteer		Art & Church Environment	
Eucharistic Minister		Minister to Homebound	
Lector		Greeter	
Sacristan		Usher	
Music		Choir	
Adult Faith Formation		Children's Liturgy of the Word	
Confirmation Program (Adult)		Teen Confirmation Program	
Catechist		Children's Faith Formation	
Bereavement Support		St. Vincent de Paul	
BINGO		Fun Fair & Fund raising events	
Outreach Ministry		Knights of Columbus	
Rosary Makers		Italian Catholic Federation	
Legion of Mary		Prayer & Meditation Groups	
Divine Mercy		Outreach Ministry	

**TO: St Philip Nerf- St. Albert the Great Parish
3101 Van Buren St.
Alameda, CA 94501**