

Saint Augustine Catholic Church

Family Faith Formation

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Parental Rights and Responsibilities

Membership in the Catholic Community entitles you to certain rights and binds you to particular responsibilities. As Catholic parents you have the right to sacramental preparation for your children and the responsibility to ensure that your children celebrate those sacraments regularly. In exchange, we ask that parents bring their children to Mass each week, attend parent meetings, and volunteer 6 hours per year in Faith Formation related activities. **NEW: Parents are required to participate in Family Faith, 1 Sunday a month**

Attendance and Policy

Attendance and participation in the community of Sunday mass are extremely important to the faith formation of both adults and children. Excessive absences can hinder the ability of children to be adequately prepared to receive the sacraments or to move up to the next grade level. Children must have participated in one full year of Faith Formation classes before being eligible to participate in sacramental preparation. During Sacramental preparation at least one parent must participate in the formation classes. This would require 4 weeks of participation for each sacrament. First Reconciliation takes place in March and First Eucharist takes place in May. We expect all students to behave in a respectful and Christian manner. **All families/students must be registered parishioners at St. Augustine Catholic Church.**

Class Times

Join us together in the Parish Hall for prayer at 9:10 A.M and again at 10:10A.M for closing prayer. For safety reasons children must always be accompanied by an adult when being dropped off or picked up.

Starting Late?

For children who are beginning the Faith Formation and sacramental preparation process later in their lives, we offer the Family-based Special Sacraments course. After completing a full year of catechesis in their grade level, the students and their parents will gather for 7 sessions to learn and prepare for the sacraments. We recognize that different families have different needs. If your family finds that this process will not fit your needs, please contact Karen Glen, Ministry Coordinator, at (510) 653-8631 Ext. 102 to discuss those particular needs or concerns.

Cost and Financial Assistance

Every year that you enroll your child(ren) into the Faith Formation Program there is a cost. For one child there is a cost of \$75, for two children \$125, and for three or more children \$150. If you are in need of financial assistance please contact Karen Glen, Ministry Coordinator, at (510) 653-8631, prior to the first day of classes. .



GO IN PEACE
TO LOVE AND SERVE
THE LORD!

St. Augustine Church



St. Augustine Faith Formation: Family Registration

Office Use Only

PLEASE PRINT NEATLY

Reg# _____

Family's Last Name: _____ Phone: _____

email: _____

Address: _____ City _____ Zip _____

Father's Name: _____ Religion: _____

work or cell number: _____

Mother's Name: _____ Religion: _____

work or cell number: _____ Mother's Maiden name:: _____

With whom do the children live? _____

If the child(ren) live with someone other than their parents, please fill in the following information:

Guardian's Name: _____ Religion: _____

Work or cell number: _____

Emergency Contact: Name: _____

Number: _____ Relationship to the Child: _____

Child's full name _____

Date of Birth: _____

Grade/ School: _____

Has the child:

Been Baptized? Yes No

If yes, please **attach a copy** of Baptism Certificate.

Received First Communion? Yes No

If yes, please **attach a copy** of Communion Certificate.

Been Confirmed? Yes No

If yes, please **attach a copy** of Confirmation Certificate.

Child's full name _____

Date of Birth: _____

Grade/School: _____

Has the child:

Been Baptized? Yes No

If yes, please **attach a copy** of Baptism Certificate.

Received First Communion? Yes No

If yes, please **attach a copy** of Communion Certificate.

Been Confirmed? Yes No

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Date of Birth: _____

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Received First Communion? Yes No

If yes, please **attach a copy** of Communion Certificate.

Been Confirmed? Yes No

If yes, please **attach a copy** of Confirmation Certificate.

As the parent(s)/guardian(s) of the child(ren) listed on this form, I hereby give my permission for his/her participation in any and all faith formation activities. I agree to direct my child to cooperate and conform to directions and instructions of faith formation personnel responsible for faith formation activities. I agree that in the event my child is injured as a result of his/her participation in the faith formation activities, including transportation to and from those activities, whether or not caused by the negligence of the parish/school faith formation program, or any of its agents or employees, recourse for the payment of any resulting hospital, medical, or related costs and expenses will first be had against any accident, hospital, or medical insurance, or any available benefit of mine/ours.

In the event I cannot be reached in any emergency, I give permission to the following adults:

Name: _____ Number: _____ Relationship to child: _____

Name: _____ Number: _____ Relationship to child: _____

To authorize by his/her signature whatever medical treatment may be considered necessary by the attending physician for my/our child.

Mother's Signature _____ Date: _____

Father's Signature _____ Date: _____

Guardian Signature _____ Date: _____

I have read the information included in this packet and I agree to all conditions required for my child's participation in the faith formation program, including regular mass attendance, 6 hours parent volunteer service, and attendance of all parent information meetings and family activities.

Parent/Guardian Signature _____ Date: _____

I am interested in the following types of volunteer service: *(please check all that apply)*

- | | |
|--|--|
| <input type="checkbox"/> Family Event Planning | <input type="checkbox"/> Mardi Gras celebration |
| <input type="checkbox"/> All Saints Mass/Party | <input type="checkbox"/> Catechist or Catechetical Volunteer |
| <input type="checkbox"/> CLW Teacher | <input type="checkbox"/> Pentecost Celebration |
| <input type="checkbox"/> Christmas Pageant | <input type="checkbox"/> Other: _____ |

Please return this form to:

Karen Glen
Ministry Coordinator
400 Alcatraz Ave
Oakland, CA
Phone: 510-653-8631
Email: kglen.staugustineMC@gmail.com

**St. Augustine
Catholic Church**

Blessed be God in all the saints!

For Office Use Only

Date Received: _____ Tuition Received: _____

Scholarship: _____ Check Number: _____

Payment:

1 Child: \$75.00

2 Children: \$125.00

3 or more Children: \$150.00