

**Church of the Resurrection  
Faith Formation Program  
725 Cascade Drive  
Sunnyvale, CA 94087  
(408) 746-0172  
Nancy Royal, Director  
nroyal@resparish.org**

**Registration Information September 2008 - May 2009**

**Dear Parents and Students,**

**April, 2008**

Enclosed is the registration packet for Faith Formation classes for students in Kindergarten through Grade 8. We offer on-going classes for children, youth and their families to grow closer to God and to learn about sacraments, prayer and worship, leading a moral life, and the Catholic faith.

Growth and maturity in faith and discipleship is a continuous process, meant to take place not only in the year a Sacrament is celebrated but also in every year of a child's development and throughout his/her life. We hope that our programs will be an enriching source of prayer, sharing, and growth in faith for the entire family. Students are strongly encouraged to participate in Faith Formation classes **every year** through their primary and middle school education. For first celebration of Communion and Reconciliation (grade 2) or for Confirmation (grade 8), your child must participate in the Faith Formation program a **minimum of two consecutive years**, including the year that the sacrament is celebrated.

**Faith Formation Classes are offered on Monday afternoon and evening as follows:**

- **4:00pm – 5:00pm**                      **Kindergarten, Grades 1-5**
- **7:00pm – 8:15pm**                      **Grades 6, 7, 8**

To complete registration, you need the following four (4) items:

1. **NEW Student Registration Form** for each child.
2. **Emergency Health Information Form**. Only one form per family is required unless the information (i.e. Doctor name) is different for each of your children.
3. **Volunteer Sign-Up Form**. All Faith Formation families are required to give two (2) hours volunteer service to the Faith Formation Program or other ministry at Church of the Resurrection.
4. **Payment** for registration and sacrament supply fees for those receiving First Reconciliation / Communion or Confirmation in 2008/2009.
5. If your child was not baptized at Church of the Resurrection and is receiving a First Reconciliation /Communion or Confirmation this year, you must turn in a copy of your child's **Baptismal certificate**. Please make sure the address of the church is on the baptismal certificate, especially if the church is outside of the United States.

**2008-2009 Fee Schedules**

***Your family must be registered parishioners of Church of the Resurrection to participate in our Faith Formation program.***

We encourage and reward early registration with an Early Bird Discount. If you return your child's registration by **June 15**, you will receive an up to \$40 discount on registration fees. **Late registration fees begin September 15, two weeks before classes start.** Scholarships are available for families needing financial assistance; please contact the Faith Formation office for information.

**Registration Fees: Please make checks payable to *Church of the Resurrection***

<b>Forms completed and returned to the Faith Formation Office by June 15:</b>		
<b>One Child: \$75</b>	<b>Two Children: \$100</b>	<b>Three or More: \$150</b>
<b>Forms completed and returned to the Faith Formation Office by September 1:</b>		
<b>One Child: \$85</b>	<b>Two Children: \$115</b>	<b>Three or More: \$170</b>
<b>Forms completed and returned to the Faith Formation Office AFTER September 15:</b>		
<b>One Child: \$105</b>	<b>Two Children: \$135</b>	<b>Three or More: \$190</b>

**Additional Sacrament Supply Fees apply the year that the Sacrament is celebrated:**

**First Reconciliation/Communion: \$50**

**Confirmation: \$75**

Number of children registering: \_\_\_\_\_

Registration Fee: \_\_\_\_\_

Sacrament Supply Fee: \_\_\_\_\_

\*\* Attach copy of baptismal certificate \*\*

Total Enclosed: \_\_\_\_\_

Please make check payable to Church of the Resurrection

Check Number: \_\_\_\_\_

We need catechists, aides and office help for 2008-2009. The *Blest Are We* catechist guide is wonderful; other teaching resources, training and support are also available. If you are interested in this rewarding ministry, please call or e-mail the Faith Formation Office as soon as possible. ***Catechists do not pay the registration fee for their children.***

**Please turn in your completed registration packet and fee check made payable to *Church of the Resurrection* as soon as possible to:**

**Church of the Resurrection Faith Formation Office/Rectory  
725 Cascade Drive  
Sunnyvale, CA 94087  
(408) 746-0172  
Nancy Royal, Director  
nroyal@resparish.org**

**Registration forms will not be accepted unless all forms are complete and payments for registration and sacrament fees are included.**

**Classes begin Monday, September 29, 2008**

**Please contact the Faith Formation Office with any questions or concerns.  
The Faith Formation Office is closed June 15 – August 14.**

**Church of the Resurrection**

**Faith Formation Program**

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**2008-2009 NEW Student Registration Form**

Faith Formation Grade / Class \_\_\_\_\_ Monday \_\_\_\_\_ Time \_\_\_\_\_

Sacraments your child will receive this year: Baptism \_\_\_\_\_ Reconciliation/Communion \_\_\_\_\_ Confirmation \_\_\_\_\_

**Student's Name:** First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Place of Birth: City \_\_\_\_\_ State \_\_\_\_\_

Male \_\_\_\_\_ Female \_\_\_\_\_ Religion of Child \_\_\_\_\_

Has your child attended a different parish Faith Formation program or attended a Catholic School? Yes – No (circle)

If yes, which parish or school, and which years? \_\_\_\_\_

Baptism Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Parish Name/Location \_\_\_\_\_

1<sup>st</sup> Reconciliation Yes \_\_\_\_\_ No \_\_\_\_\_ Date: Month \_\_\_\_\_ Year \_\_\_\_\_

1<sup>st</sup> Communion Yes \_\_\_\_\_ No \_\_\_\_\_ 1<sup>st</sup> Communion Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Parish Name/Location \_\_\_\_\_

Confirmation Yes \_\_\_\_\_ No \_\_\_\_\_ Confirmation Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Parish Name/Location \_\_\_\_\_

Grade in School 2007-2008 \_\_\_\_\_ School \_\_\_\_\_

**Mother's Name:** First \_\_\_\_\_ Maiden \_\_\_\_\_ Last \_\_\_\_\_ Religion \_\_\_\_\_

Married \_\_\_\_\_ Separated \_\_\_\_\_ Divorced \_\_\_\_\_ Remarried \_\_\_\_\_ Deceased \_\_\_\_\_ Single Parent \_\_\_\_\_

**Father's Name:** First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_ Religion \_\_\_\_\_

Married \_\_\_\_\_ Separated \_\_\_\_\_ Divorced \_\_\_\_\_ Remarried \_\_\_\_\_ Deceased \_\_\_\_\_ Single Parent \_\_\_\_\_

**Parish Affiliation:** Registered Church of the Resurrection Parishioner Yes \_\_\_\_\_ No \_\_\_\_\_

**Note: Your family must be registered parishioners at Church of the Resurrection to participate in our Faith Formation Program.**

**Parental Photo Consent:** Church of the Resurrection 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.

I/We, the undersigned parent(s) or guardian(s) of \_\_\_\_\_, a minor, give permission to Church of the Resurrection to use photographs in any and all promotional materials associated with the Faith Formation program.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

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**EMERGENCY AND HEALTH INFORMATION**

**If this information does not apply to all children in your family, please fill out one form per child  
Information Must Be Complete**

Family Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Home Street Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Name of Father/Guardian \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-mail address \_\_\_\_\_ Prefer to contact via e-mail or phone (circle one)

Name of Mother/Guardian \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-mail address \_\_\_\_\_ Prefer to contact via e-mail or phone (circle one)

May we add your e-mail to the parish online newsletter distribution list? Yes ~ No ~ I already receive it (circle one)

Child lives with: \_\_\_\_\_ If children do not reside with both parents, may either take child home? \_\_\_Yes \_\_\_No

Please list all persons (other than parents) who are authorized to pick up your child in the event of sickness, a medical emergency, or earthquake/fire disaster:

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

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

Medical Insurance: Name \_\_\_\_\_ 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 \_\_\_\_\_

Name of Dentist \_\_\_\_\_ 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

~ OVER ~

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**EMERGENCY AND HEALTH INFORMATION**

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**CONSENT FOR TREATMENT**

I/We the undersigned parents or legal guardian of \_\_\_\_\_(list all children above), a minor, do hereby authorize a representative of Resurrection 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 \_\_\_\_\_

## Church of the Resurrection

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## Volunteer Sign-Up

Our catechists, 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.

### Hours served count for Service Hours at Resurrection School

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:

- FF Class Catechist / Co-Catechist / Aide / Substitute  
     Grade Preference \_\_\_\_\_
- Sunday Mass Children's Liturgy of the Word Catechist / Aide (circle 1 or both)  
     Mass preference/s (8:30, 10:00, 11:30 (circle 1 or more)
- Confirmation Program classroom aide / track service hours / coordinate service projects / help at retreat or field trips (circle 1 or more)
- FF Office or Parish Office Helper: Monday afternoon \_\_\_\_\_ Monday evening \_\_\_\_\_  
    Other times \_\_\_\_\_
- Record First Eucharist or Confirmation records into parish ledgers
- Work-at-home office help: Computer Assistance / Data entry / Website / Sacrament Certificates / Compose flyers etc. (circle 1 or more)
- Faith Formation photographs: take pictures for 1 or more FF or other parish events
- Assist at FF field trips, workshops, or retreats
- Assist at Junior High Youth Ministry (1 or 2 meetings)
- Assist at catechist and student prayer services/socials/workshops/meetings
- Assist at Mass handing out prayer books, Operation Rice Bowl materials, Little Books, Name Tags
- Assist at Faith Formation-hosted Lenten Soup Supper/Stations of the Cross
- Day-care assistance at parent or family meetings
- Bake homemade cookies for sacrament celebration receptions or Christmas party
- Bring treats for class and program parties, Ice Cream Social, or help serve
- Sewing or crafts (circle 1 or both)
- Parking lot monitor: Monday afternoon \_\_\_\_\_ Monday evening \_\_\_\_\_
- Other \_\_\_\_\_

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