Dear St. Theresa Families,

It is time, once again to prepare for another year of Family Faith Formation at St Theresa Parish. God has been good to us. Pray we continue to grow in our ministry and stay strong with all our returning families.

In this packet you will find **three pages that need to be returned** to register for the faith formation year...the St Theresa Faith Formation Registration form, the **Health Authorization Release Form** and the **Opt-out form for Safe Environment class** required by the Diocese. The Faith Formation Registration form may be used for all ages in your family (from Kinderchurch through High School Confirmation). Please note...**We need a separate Health Authorization for each child.**

There some important dates you will want to place on your calendar now. Our **first Family Faith Formation Meeting is on Sept 8th** followed by a potluck picnic to kick off our year. A more detailed calendar for the year will be coming soon.

Secondly, our **Parish Fall Festival on Sept 29th**.

Lastly, the **Grace of Parenthood Retreat, Sat. Sept. 21st**. This morning retreat is for parents in our parish community to spend some time in community, prayer, and reflection at the start of the school year. All parents are invited, but we send out a special invitation to any new parents in the parish. Childcare is provided that morning here on site. It really is a must for getting the fall started in a great way.

Feel free to contact me with any questions you may have, or to find out how you can be of help.

Peace,

Keri Nims
Director of Faith Formation
St. Theresa Parish
St. Theresa 2019-2020

**September 8** - 10am to 11am - KP Day
Followed by FAMILY Potluck 11-12noon

**Sept. 22** - KO Day

**October 6** - KP Day

**October 20** – KO Day

**November 3** – KP Day

**November 17** – KO Day

**December 1** – KP Day
Advent Celebration/Christmas Card Service Project

**December 8** - KO Day

**January 5** – KP Day

**January 12** – KO Day

**February 2** – KP Day

**February 23** – KO Day

**February 26** - ASH WEDNESDAY

**March 1st** - KO Day

**March 15** – KO Day

**March 29** – KP Day

**April 5** - KO Day

**April 26** – KO Session followed by FAMILY Potluck

“KO” – Kids Only session 10:00 to 11:15

“KP” – Kids and Parents Session 10:00 to 11:30

Please join us for the 9:00 mass before our sessions

**Sept. 21st** Grace of Parenthood Retreat - 9am—Noon
All parents are encouraged to be part of this retreat...especially if you have not yet experienced it

**Sept. 29th** Parish Fall Festival
Fall Festival is a fun-packed afternoon for you and your children with games and food right here on our campus. It is a great chance to connect with other St. T families. Fun for all!

**Dec. 15th**
Pancake Breakfast with Santa

**Feb. 8th**
3rd Annual Irene Crosetti Ravioli Dinner
Registered at St. Theresa Parish? YES ☐ NO ☐

If not, please register at the Parish Office 510-547-2777

Family Name: ____________________________________________
Home Phone: ____________________________________________

Address: ________________________________________________
(Student’s mailing address)

City ____________________________ State ______________ Zip ____________

Parent 1: ________________________________________________
Name: ______________________________________________
Cell: ______________________________________________
Email: ____________________________________________

In Case of Emergency: ____________________________________
(Other than guardian)

Relationship: ___________________________________________

Phone: ________________________________________________

Parent 2: ________________________________________________
Name: ______________________________________________
Cell: ______________________________________________
Email: ____________________________________________

In Case of Emergency: ____________________________________
(Other than guardian)

Relationship: ___________________________________________

Phone: ________________________________________________

Please list all children in family. You may attach another form if needed with additional children’s information.

<table>
<thead>
<tr>
<th>1st Child’s Name:</th>
<th>Check box(es) for this child:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Goes By:</td>
<td>KinderChurch</td>
</tr>
<tr>
<td>Date of Birth:</td>
<td>FFF (1st—5th grades)</td>
</tr>
<tr>
<td>Grade Entering:</td>
<td>First Reconciliation / First Holy Communion</td>
</tr>
<tr>
<td>School:</td>
<td>MSYM (Middle School Youth Ministry)</td>
</tr>
<tr>
<td>Date of Baptism:</td>
<td>Confirmation: Year I or Year II</td>
</tr>
<tr>
<td>or check if Needs 1st Baptism</td>
<td>Needs 1st Eucharist</td>
</tr>
<tr>
<td>Church Name &amp; Address:</td>
<td>HSYM (High School Youth Ministry)</td>
</tr>
<tr>
<td>Date of 1st Eucharist:</td>
<td></td>
</tr>
<tr>
<td>or check if Needs 1st Eucharist</td>
<td></td>
</tr>
<tr>
<td>Church Name &amp; Address:</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>2nd Child’s Name:</th>
<th>Check box(es) for this child:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Goes By:</td>
<td>KinderChurch</td>
</tr>
<tr>
<td>Date of Birth:</td>
<td>FFF (1st—5th grades)</td>
</tr>
<tr>
<td>Grade Entering:</td>
<td>First Reconciliation / First Holy Communion</td>
</tr>
<tr>
<td>School:</td>
<td>MSYM (Middle School Youth Ministry)</td>
</tr>
<tr>
<td>Date of Baptism:</td>
<td>Confirmation: Year I or Year II</td>
</tr>
<tr>
<td>or check if Needs 1st Baptism</td>
<td>Needs 1st Eucharist</td>
</tr>
<tr>
<td>Church Name &amp; Address:</td>
<td>HSYM (High School Youth Ministry)</td>
</tr>
<tr>
<td>Date of 1st Eucharist:</td>
<td></td>
</tr>
<tr>
<td>or check if Needs 1st Eucharist</td>
<td></td>
</tr>
<tr>
<td>Church Name &amp; Address:</td>
<td></td>
</tr>
</tbody>
</table>

(Please complete other side)
A copy of Baptismal Certificate is required at time of registration if child was Baptized outside of St Theresa.

<table>
<thead>
<tr>
<th>Curriculum</th>
<th>By 8/18</th>
<th>After 8/18</th>
</tr>
</thead>
<tbody>
<tr>
<td>KinderChurch</td>
<td>$35 (One Child)</td>
<td>$50 (Two or More)</td>
</tr>
<tr>
<td>FFF-Family Faith Formation (grade 1-5)</td>
<td>$70 (One Child)</td>
<td>$90 (One Child)</td>
</tr>
<tr>
<td></td>
<td>$120 (Two or More)</td>
<td>$160 (Two or More)</td>
</tr>
<tr>
<td>Sacrament Fee for 1st Eucharist</td>
<td>$50 (per child)</td>
<td></td>
</tr>
<tr>
<td>MSYM (Middle School Youth Ministry)</td>
<td>$40</td>
<td>$40</td>
</tr>
<tr>
<td>Confirmation Year I</td>
<td>$100</td>
<td>$125</td>
</tr>
<tr>
<td>Confirmation Year II</td>
<td>$300</td>
<td>$325</td>
</tr>
<tr>
<td>HSYM (High School Youth Ministry) (if not in Confirmation)</td>
<td>$20</td>
<td>$20</td>
</tr>
<tr>
<td><strong>Total Due:</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

For Office Use Only:
- Date Entered ______
- Check # _________

Please make check payable to: St. Theresa Church, Memo: Faith Formation
See Keri for Financial Aid needs—Keri@sttheresaoakland.org

Goes By: ________________________________

Date of Birth: ________________________________

Grade Entering: ________ School: ________________________________

Date of Baptism: ______________ or check if ☐ Needs 1st Baptism

Church Name & Address: ________________________________

Date of 1st Eucharist: __________ or check if ☐ Needs 1st Eucharist

Check box(es) for this child:

☐ KinderChurch
☐ FFF (1st—5th grades)
☐ First Reconciliation / First Holy Communion
☐ MSYM (Middle School Youth Ministry)
☐ Confirmation: ☐ Year I or ☐ Year II
☐ HSYM (High School Youth Ministry)

4th Child's Name: ____________________________________________

Goes By: ________________________________

Date of Birth: ________________________________

Grade Entering: ________ School: ________________________________

Date of Baptism: ______________ or check if ☐ Needs 1st Baptism

Church Name & Address: ________________________________

Date of 1st Eucharist: __________ or check if ☐ Needs 1st Eucharist

Check box(es) for this child:

☐ KinderChurch
☐ FFF (1st—5th grades)
☐ First Reconciliation / First Holy Communion
☐ MSYM (Middle School Youth Ministry)
☐ Confirmation: ☐ Year I or ☐ Year II
☐ HSYM (High School Youth Ministry)

3rd Child's Name: ____________________________________________

Goes By: ________________________________

Date of Birth: ________________________________

Grade Entering: ________ School: ________________________________

Date of Baptism: ______________ or check if ☐ Needs 1st Baptism

Church Name & Address: ________________________________

Date of 1st Eucharist: __________ or check if ☐ Needs 1st Eucharist

Check box(es) for this child:

☐ KinderChurch
☐ FFF (1st—5th grades)
☐ First Reconciliation / First Holy Communion
☐ MSYM (Middle School Youth Ministry)
☐ Confirmation: ☐ Year I or ☐ Year II
☐ HSYM (High School Youth Ministry)
Child's Name ________________________________ Male _____ Female _____ Grade ______
Address _____________________________________________ (Street, City, Zip)
School ___________________________ Family Email_________________________________________
Parent/Guardians Name_____________________________ Home Phone____________________________
Parent Cell Phone ___________________________ Child’s Cell Phone: __________________________

IN CASE OF EMERGENCY, NOTIFY PERSON OTHER THAN PARENT/GUARDIAN:
Name ____________________________________________ Phone ____________________________

HEALTH AND MEDICAL INFORMATION
Family Physician __________________________________ Phone __________________________
Address ____________________________________________________________
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:
____________________________________________________________________________________
Is your child taking any medication that will need to be administered during the retreat?  □ Yes   □ No
If yes, please list medication __________________________________________________________
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 for any activity on the basis of medical condition: __________________________
____________________________________________________________________________________
Allergy or reaction to any medication or food?  □ No   □ Yes, List __________________________________
State the date of your child’s last physical examination: __________________________________________
(Signature required on back)
Parental Permission and Acknowledgment of Conditions for Participation in Program

1. I/we, parent or authorized guardian of the child(ren) named above give permission for his/her participation in Faith Formation/Youth Ministry at St Theresa Parish of Oakland, CA 2019-2020 and all related activities, including but not limited to transportation to and from the faith formation activities.

2. I/we agree to direct my/our child to cooperate and comply with reasonable directions and instructions from St Theresa 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 the parish, St Theresa program employees, agents or volunteers or other participants.

4. I/we understand that children participating in this event risk injury to the body, psyche or property damage to themselves or 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 the activities of the youth ministry program, use the equipment provided and to enter the premises or facilities of the Diocese of Oakland 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(ren) 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 therefore 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 the youth ministry activities 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.

Media Release Statement I hereby (circle one) GRANT/DECLINE permission for my child(ren) named on this form to be photographed and/or videotaped during this event; and for the resulting photographs and/or videotaped footage to be edited for the purpose of promoting St Theresa Parish

I have read this Agreement and understand everything written above.

____________________  _____________________  ___________________
Print Name of Parent or Guardian  Signature of Parent or Guardian  Date

Mother’s Cell phone:_______________________  Fathers Cell phone:_______________________
Family Email:______________________________________________________________________
St. Theresa Parish Family Faith Formation

Safe Environment Program

2019 – 2020

Through the year of Faith Formation, St. Theresa parish is required by the diocese to offer curriculum which “will be focused on child safety, with special emphasis on child abuse and its prevention.” Diocesan overview on Safe Environment.

My child/children (name/s) __________________________________________
may participate in the Safe Environment sessions and training given during Faith Formation at St. Theresa Parish during the 2019–2020 year.

(parents signatures)______________________________________________
________________________________________

OR

I wish to opt out of any Safe Environment sessions for my child. I do not wish for my child/ren (name) __________________________________________
to participate in any Safe Environment sessions for the 2019 – 2020 year.

(parents signatures)______________________________________________
________________________________________
Dear Parents/Volunteers,

Our Diocesan policy is that all adult parish volunteers must complete the Virtus online training in order to serve in the parish. Each individual has a three year cycle of training. Everyone must have completed the training again or for the first time since July 1st of 2017. If you have never completed it or if it was prior to July 1st 2017 you must do so this year.

**IT MUST BE COMPLETED BEFORE OCT. 15th**

If you are doing the training through St. Theresa School as a parent, just let me know. You do not need to do it twice.

You can meet this requirement online at virtusonline.org. There is link on the parish website.

**It must be completed by October 15th.** When complete, print two copies of the certificate - retain one for your records and forward one copy to me (Keri Nims). To complete the training:

1. Go to virtusonline.org
2. Select member login OR Select First-Time Registrant
3. Diocese – Oakland
4. Register your information/create user ID and password (this is not the same program the Diocese has used in the past so you must register as a new user)
5. Provide all the info requested
6. Select the Primary location – St Theresa Parish (Oakland)
7. Select your role-volunteer
8. Continue with questions
9. It will lead you to the screen you can choose the online training
10. Click green circle to start Protecting God’s Children Online Awareness Session

The training takes approximately 60 minutes and does not have to be completed in one sitting.

I thank you from the bottom of my heart!

Peace,

Keri Nims
Director of Faith Formation