



**ST. DOMINIC'S CATHOLIC CHURCH  
2009-2010 INFORMATION SHEET  
FAMILY AND CHILDREN'S FAITH FORMATION (FCFF)**

**WELCOME!**

Thank you for your interest in Faith Formation at St. Dominic's! We want to join you in providing religious instruction and spiritual formation for families with children in pre-K through 8th grade Confirmation. (*Students in grades 9-12 should contact the Director of Religious Education (DRE) directly to learn about youth group and sacramental preparation*). Our primary goal is to help families develop a relationship with God that will support, sustain, challenge, and nourish them throughout their entire lives. The program consists of weekly class sessions, seasonal celebrations, family gatherings, and service activities. Regular attendance and parent/guardian participation is integral to the success of the program.

**CLASSES**

The program begins with Family Orientation in the Parish Hall on Sunday, September 20, 2009, at 10:30 am. Classes will continue to meet most Sundays through May, from 10:30-11:30 am in the Megan Furth Academy and in the Aquinas Room. Some classes may be combined based on the number of catechists and students. A calendar will be forthcoming. *Parent/Guardian sessions will occur in the Megan Furth Academy basement lounge during the children's classes.*

The class levels are as follows:

Early Childhood Atrium (*Child must be 3 by Sept. 20, 2009*)  
Grade 1  
Grade 2 (*Includes 1st Reconciliation and 1st Holy Communion*)

Grades 3, 4, 5, and 6.  
Grade 7-8 (*Confirmation—2 Year Process*)  
RCIA adapted for Children/Teens  
(*For those over 7 who haven't been baptized.*)

**FAMILY MASSES AND GATHERINGS**

Families are highly encouraged to attend the 9:30 am Family Mass on Sundays, and then to walk with catechists to their classrooms at the liturgy's Sending. We will have occasional family gatherings in lieu of normal classes.

**SACRAMENTAL PREPARATION**

Families with children in the program preparing for Baptism, 1<sup>st</sup> Holy Communion, or Confirmation must interview with the DRE and attend additional sessions together before celebrating the sacrament.

**TUITION, FEES, AND DEADLINE**

Tuition is increased this year in order to help us recover the costs of our growing program, which include textbooks, materials, and facilities usage. There is an additional \$30 sacramental fee for each student participating in sacramental preparation. In order to help us cover the actual costs of the program per child, which is higher than tuition, and to help us provide scholarships to our needy families, there is an opportunity to make an extra donation. This "Agape Gift" will be much appreciated and will be credited to your giving statement at the end of the year.

|                                    |            |    |
|------------------------------------|------------|----|
| <b>Tuition</b>                     |            |    |
| 1 child per family                 | \$100      | \$ |
| 2 children per family              | \$160      | \$ |
| 3 or more children per family      | \$190      | \$ |
| <b>Sacramental fee/s per child</b> | \$30       | \$ |
| <b>Additional donation</b>         | Agape Gift | \$ |
| <b>Total</b>                       | =          | \$ |

No child will be turned away because of financial need – please contact the DRE, Michael Smith, to inquire about scholarships and other ways to contribute. Registration will not be processed without payment or an approved payment schedule from the DRE. Registration, parental permission, and medical/waiver forms **MUST** be turned in for each child before they attend FCFF. **The deadline for registration forms and tuition is September 15th.**



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**2009-2010**  
**FAMILY AND CHILDREN'S FAITH FORMATION (FCFF)**

**FOR MORE INFORMATION**

Please contact Michael Smith, the Director of Religious Education (DRE) at (415) 674-0446,  
[dre@stdominics.org](mailto:dre@stdominics.org).

May Christ draw us close, teach us his Truth and Love, and help our families grow closer to Him this upcoming year. We look forward to sharing this journey with you!

Please separate this page from the attached registration forms.  
Keep this page for your records and return the registration forms  
to St. Dominic's Church office,  
with Attention: "FCFF Registration."



**ST. DOMINIC'S CATHOLIC CHURCH  
2009-2010 REGISTRATION FORM  
FAMILY AND CHILDREN'S FAITH FORMATION (FCFF)**

**STUDENT (One form per student, filled out each year)**

First name: \_\_\_\_\_ Last name: \_\_\_\_\_  
 Home address: \_\_\_\_\_  
 Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_  
 Email: \_\_\_\_\_ Gender (circle one): male female  
 Date of birth: \_\_\_\_\_ Age as of 9/27/09 \_\_\_\_\_ Language(s) spoken: \_\_\_\_\_  
 School: \_\_\_\_\_ City: \_\_\_\_\_  
 School:  Catholic  Private  Public  Other \_\_\_\_\_  
 School Grade in Sept. 2009: \_\_\_\_\_ FCFF Grade last year (if applicable) \_\_\_\_\_  
 Siblings: Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Name \_\_\_\_\_ Birthdate \_\_\_\_\_

**FAMILY (PARENTS/GUARDIANS)** Is your family registered at St. Dominic's? Yes  No

First name: \_\_\_\_\_ Last name: \_\_\_\_\_  
 Home address: \_\_\_\_\_  
 Mailing address: \_\_\_\_\_  
 Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_  
 Work phone: \_\_\_\_\_ Email: \_\_\_\_\_  
 Marital status: \_\_\_\_\_ Relationship to student: \_\_\_\_\_  
 Occupation: \_\_\_\_\_ Employed by: \_\_\_\_\_  
 Religion: \_\_\_\_\_ Language(s) spoken: \_\_\_\_\_

First name: \_\_\_\_\_ Last name: \_\_\_\_\_  
 Home address: \_\_\_\_\_  
 Mailing address: \_\_\_\_\_  
 Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_  
 Work phone: \_\_\_\_\_ Email: \_\_\_\_\_  
 Marital status: \_\_\_\_\_ Relationship to student: \_\_\_\_\_  
 Occupation: \_\_\_\_\_ Employed by: \_\_\_\_\_  
 Religion: \_\_\_\_\_ Language(s) spoken: \_\_\_\_\_

Mother's Full (Maiden) Name: \_\_\_\_\_

Information and materials for parents/guardians should be in: (circle one) English / Spanish

**SACRAMENTS RECEIVED BY CHILD:** Date/Church/City/State \_\_\_\_\_

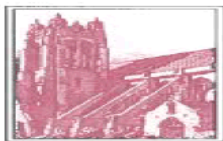
Baptism  Yes  No \_\_\_\_\_  
 First Communion  Yes  No \_\_\_\_\_  
 Confirmation  Yes  No \_\_\_\_\_  
 First Reconciliation  Yes  No \_\_\_\_\_

- \*Would you like the student to prepare for Baptism? \_\_\_\_\_  
 If yes, please attach a copy of his/her birth certificate.
- \*Would you like the student to prepare for 1<sup>st</sup> Reconciliation/Communion? \_\_\_\_\_  
 If yes, please attach a copy of his/her baptismal certificate.
- \*Would you like the student to prepare for Confirmation? \_\_\_\_\_  
 If yes, please attach a copy of his/her baptismal certificate.

**PAYMENT**

Please attach payment to this form. See cover page for details. Contact the DRE for scholarship information.

OFFICE USE ONLY: Date received: \_\_\_\_\_ Initials: \_\_\_\_\_ Payment received: \_\_\_\_\_ Check#/Cash: \_\_\_\_\_ Initials: \_\_\_\_\_



ST. DOMINIC'S CATHOLIC CHURCH

2009-2010

FAMILY AND CHILDREN'S FAITH FORMATION (FCFF)

ARCHDIOCESE OF SAN FRANCISCO: Parental Permission Form

ACTIVITY: St. Dominic's Church Family and Children's Faith Formation Program

Child's Name: \_\_\_\_\_

I, the parent or guardian of the above named child, hereby, give my permission for her/his participation in the activity named above. I agree to direct my child to cooperate and conform with the directions and instructions of the St. Dominic's Church FCFF parish personnel responsible for the activity.

I agree to the extent permitted by law, that in the event my child is injured as a result of her/his participation in the above named activity, including but not limited to transportation to and from the activity, whether or not caused by the negligence (active or passive) of the parish/ school or Archdiocesan youth activities 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 plan of mine or of my spouse.

I am not aware of any medical condition of my child which would render it inappropriate for her/him to participate in any such activity.

I, hereby, give permission to the physician selected by the youth activities supervisory personnel then present to render medical treatment deemed necessary and appropriate by the physician.

PLEASE LIST TWO PERSONS, OTHER THAN PARENTS, WHO ARE AUTHORIZED TO PICK UP YOUR CHILD FROM EARLY CHILDHOOD CLASS OR IN CASE OF AN EMERGENCY. (NOTE: YOUR CHILD WILL ONLY BE RELEASED TO SOMEONE WHOSE NAME APPEARS ON THIS LIST).

BOTH LINES ARE REQUIRED:

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

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

Signature of Parent/Guardian

Printed Name of Parent/Guardian

Date

PARENT INVOLVEMENT: FCFF will only thrive with adult participation. Please reflect upon your own skills and abilities and let us know the area or activity below in which you would prefer to assist during the 2009/2010 year. All families are asked to volunteer in some capacity to support the program and parish.

- ( ) Early Childhood Teacher/Helper ( ) Early Childhood Substitute Teacher ( ) Teaching Grs 1-4
( ) Substitute Teaching Grs 1-4 ( ) Teaching Grs 5-8 ( ) Substitute Teaching Grs 5-8
( ) Teaching or Substituting for Children's Liturgy of the Word during the 9:30 am Mass
( ) FCFF Advisory Group ( ) Treats/drinks for children's classes ( ) Music leader
( ) Office volunteer (mailings, organizing, phoning) ( ) Presenter or small group facilitator with parents
( ) Adopt-a-Catechist (to support them with prayer and cards)
( ) Traffic and Safety supervision in parking lot ( ) Spanish translator
( ) Help with seasonal Family Gatherings and Receptions—Advent, Lent, 1st Communion, Confirmation, etc.
( ) Parent Session Hospitality after the 9:30 am Mass
( ) Parent helper for my child's Confirmation Class ( ) Other \_\_\_\_\_



ST. DOMINIC'S CATHOLIC CHURCH
2009-2010 REGISTRATION FORM
FAMILY AND CHILDREN'S FAITH FORMATION (FCFF)

ARCHDIOCESE OF SAN FRANCISCO

Authorization to Consent to Emergency Medical Care and Waiver & Release Form

I/We \_\_\_\_\_, the undersigned, are the parent(s) having legal custody or the person(s) having legal custody or the legal guardian(s) of \_\_\_\_\_ (child), who was born on \_\_\_\_\_ (month/day/year).

I/We hereby authorize the administration at St. Dominic's Church where \_\_\_\_\_ (child) is enrolled to consent to, and agree to pay for, on my/our behalf any emergency medical, dental, surgical, or hospital care treatment, or diagnosis to be rendered to or for \_\_\_\_\_ (child) under the general or special supervision of a physician/surgeon or dentist pursuant to Section 1317(d) of the Health and Safety Code of California. It is expressly understood and agreed that an "emergency" shall be determined at the discretion of the administration of St. Dominic's Church. If the undersigned has left an emergency number on file at St. Dominic's Church, reasonable attempts will normally first be made to contact the undersigned or his/her designee at such number(s) prior to contacting an emergency treatment organization.

The following information will aid in safe immediate care by medical personnel:

Date of last tetanus immunization: \_\_\_\_\_

Known allergies to medications: \_\_\_\_\_

Physician: \_\_\_\_\_

Phone: \_\_\_\_\_

Insurance: \_\_\_\_\_

Policy number: \_\_\_\_\_

I/We understand that St. Dominic's Church is not legally obligated to make the above referenced consents for medical care. Therefore, in consideration for the above referenced arrangements, the undersigned hereby agree(s) to release, discharge, indemnify and hold harmless the Archdiocese of San Francisco, and its constituent organizations, including, but not limited to St. Dominic's Church and their officers, agents and employees, from any and all claims for personal injuries, property damage, or indebtedness for medical treatment expenses that I/we or my/our child may suffer as a result of this arrangement whether or not such injuries, damage, or indebtedness are caused by the negligence (whether active or passive) of any of the entities or individuals named or described above.

Signature of Parent/Guardian Printed Name of Parent/Guardian Date

Signature of Parent/Guardian Printed Name of Parent/Guardian Date

Please note any medical information or special learning needs you would like us and your child's teacher to know about your child:

Ongoing medication? (type and frequency) \_\_\_\_\_

Allergies to food? \_\_\_\_\_

Physical or other restriction on the basis of medical condition? \_\_\_\_\_

Special learning needs? \_\_\_\_\_

OFFICE USE ONLY: Date received: \_\_\_\_\_ Initials: \_\_\_\_\_ Payment received: \_\_\_\_\_ Check#/Cash: \_\_\_\_\_ Initials: \_\_\_\_\_