

OVERVIEW FOR **RETURNING STUDENTS**



Welcome!

Thank you for your interest in Faith Formation at St. Dominic's Catholic Church! We join parents in providing religious education, sacramental preparation, and spiritual formation for families with children and youth. 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 adult participation is integral to the program's success.

Classes

The program begins on September 18th with 9:30am Mass in the church and 10:30am Family Orientation in the parish hall, beneath the church, going until 11:45am. Classes will continue to meet most Sundays mornings through May in the school building (across the parking lot from the church). Some classes may be combined based on the number of catechists and students. Children in non-sacramental preparation classes may join at any point. Parent Formation & Fellowship will occur in the school building basement during the children's classes. Junior High and Senior High youth groups will meet on Sunday afternoons. Please see the calendar.

Class Levels are as follows:

Sunday Mornings, 10:30 a.m.-11:30 a.m. (immediately following the 9:30 a.m. Family Mass)

- Pre-K & Kindergarten Catechesis of the Good Shepherd (*Child must be 3 by Sept. 18, 2011*)
- Grade 1
- Grade 2 First Reconciliation and First Communion (*Plus a sacraments class for grades 3-6*)
- Grades 3, 4, 5, and 6.

Sunday Afternoons, 4-5:15pm (see calendar for rotation)

- Grade 7-8, and 9-12 (*RCIC, First Communion and Confirmation classes and Youth Ministry for grades 7-12). Youth Confirmation is a two-year program for those in grades 7 and above.*)

Tuesdays, 6-7pm

- Weekly make-up 1st Communion Classes & Monthly RCIC for Grades 2-6 (**6:00pm-7:00pm**) (RCIC is for children grades 2-6 who want to receive Baptism or become Catholic).

Wednesdays, 3-5pm

- Special 2-hour CGS weekly session, Pre-K & Kindergarten, **3pm-5pm**, (*Child may also attend Sundays*)

Masses and Gatherings

Families are highly encouraged to attend the 9:30 am Family Mass on Sundays, and process with catechists to their classrooms after the Communion Prayer. Family may choose to attend another one of St. Dominic's diverse Mass offerings on a given weekend instead. We will have seasonal family gatherings in lieu of classes.

Sacramental Preparation

Families with children in the program preparing for Baptism, First Holy Communion, or Confirmation must interview with the Director or Religious Education or catechist and attend additional sessions together before celebrating the sacrament. The deadline for joining a year's sacramental preparation class is October 9, 2011.

PROGRAM OVERVIEW FOR YOUR RECORDS (*Continued*)

****Please register by Sunday, September 11!** This will give me time to input the data and prepare materials for our classes in a timely manner. Registration includes submitting:

- completed information sheet
- parental permission & involvement form
- medical emergency authorization
- tuition payment.

Tuition, Fees, and Deadline

Tuition helps us recover the costs of our growing program, which include textbooks, materials, and facilities usage. The fee is the same as last year, and there are continued discounts for multiple children. There is an additional \$40 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.

Tuition

1 child per family	\$110	\$
2 children per family	\$175	\$
3 or more children per family	\$220	\$
Sacramental fee/s per child (<i>RCIA, 1st Communion, or 2nd year Confirmation</i>)	\$40	\$
Additional donation	Agape Gift	\$
Total	=	\$

No child will be turned away because of financial need. Please contact me to inquire about scholarships and other ways to contribute. Registration will not be processed without payment or an approved payment schedule.

***If a parent/s is willing to serve as a **door monitor** to the school building on Sunday mornings during classes, then their children's **tuition will be waived**. Please indicate your willingness to serve at 50% or 100% of the Sunday's of our FCFF year (September 11-May 20) on your registration form.

Again, register by September 11. If you wish to register after that date, contact me. All registration forms MUST be turned in for each child before they attend FCFF.

May Jesus grow 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! Don't hesitate to contact me, or look through our FCFF Handbook (available online at www.stdominics.org/formation) if you seek more information.

In Christ,

Michael Smith
Director of Youth and Religious Education
(415) 674-0446, dre@stdominics.org

Keep this page for your records and return the attached registration forms



St. Dominic's 2011-2012 Registration
Family and Children's Faith Formation (FCFF)

to St. Dominic's Church, to the Attention: "FCFF Registration."
I might also fax or email a completed form and mail a check separately if you wish.

INFORMATION SHEET FOR **RETURNING STUDENTS**

STUDENT (One form per student, filled out each year. Please register by SEPT. 11, 2011).

First name: _____ Last name: _____

Name of School: _____

School: Catholic Private Public Other _____

School Grade (Fall 2011): _____

FAMILY (PARENTS/GUARDIANS) ONLY FILL OUT NEW INFORMATION

First name: _____ Last name: _____

Home address: _____

Mailing address: _____

Home phone: _____ Cell phone: _____

Work phone: _____ Email: _____

Marital status: _____ Occupation: _____

Employed by: _____ Religion: _____

First name: _____ Last name: _____

Home address: _____

Mailing address: _____

Home phone: _____ Cell phone: _____

Work phone: _____ Email: _____

Marital status: _____ Occupation: _____

Employed by: _____ Religion: _____

SACRAMENTAL PREP. THIS YEAR

*Would you like the student to prepare for First Reconciliation/Communion? _____

*Would you like the student to prepare for Confirmation? _____

____ If this would be the first sacrament your child would receive at St. Dominic's, and if you haven't already submitted their baptismal certificate, please attach it to this form.

____ Attach payment to this form. See cover page for details. (Check here _____ if you are willing to be a Sunday morning door monitor and to waive part or all of your child's FCFF tuition).

____ Sign updated Parental Permission/Involvement & Medical Emergency forms (for new & returning children)

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

St. Dominic's 2011-2012 Registration
Family and Children's Faith Formation (FCFF)

**Please circle the information that you would be willing to share in a directory that would only be circulated among other faith formation families at St. Dominic's: EMAIL PHONE ADDRESS

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 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 _____

X _____

Signature of Parent/Guardian

Printed Name of Parent/Guardian

Date

PARENT INVOLVEMENT FORM

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 2011/2012 year. All families are asked to volunteer in some capacity to support the program and parish.

- | | | |
|--|---|--|
| <input type="checkbox"/> Preschool Teacher/Helper | <input type="checkbox"/> Preschool Substitute Teacher | <input type="checkbox"/> Teaching Grs 1-4 |
| <input type="checkbox"/> Substitute Teaching Grs 1-4 | <input type="checkbox"/> Teaching Grs 5-8 | <input type="checkbox"/> Substitute Teaching Grs 5-8 |
| <input type="checkbox"/> Children's Choir leader/assistant | <input type="checkbox"/> Spanish translator | <input type="checkbox"/> Moms group <input type="checkbox"/> Dads group |
| <input type="checkbox"/> Treats/drinks for children's classes | | <input type="checkbox"/> Door Guard during children's classes |
| <input type="checkbox"/> Traffic and Safety supervision in parking lot | | <input type="checkbox"/> Parent Advisory Group to assist DRE |
| <input type="checkbox"/> Office volunteer (mailings, organizing, phoning) | | <input type="checkbox"/> Presenter or small group facilitator w/ parents |
| <input type="checkbox"/> Coffee/Food/Hospitality after 9:30 am Mass | | <input type="checkbox"/> FCFF Picnic or Family Service Days |
| <input type="checkbox"/> Adopt-a-Catechist to support them with prayer and cards | | |
| <input type="checkbox"/> Helping with Children's Liturgy of the Word during the 9:30 a.m. Mass | | |

St. Dominic's 2011-2012 Registration
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- () Help with seasonal Family Gatherings and Receptions—Advent, Lent, First Communion, Confirmation
() Other _____

**AUTHORIZATION TO CONSENT TO EMERGENCY MEDICAL CARE
AND WAIVER & RELEASE FORM
(ARCHDIOCESE OF SAN FRANCISCO)**

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: _____