

Faith, Family & Friends

Family Registration Packet

2011 ~ 2012



Tuesday Evenings 6:00 to 7:30 p.m.
Sept. 27, 2011 - May 1, 2012

St. Paul Newman Center
1572 E. Barstow Ave.
Fresno, CA 93710
(559) 436-3434 fax 436-3430
website: <http://www.csufnewman.com>

EACH ADULT: \$40, EACH CHILD: \$40.00, FAMILY MAXIMUM: \$120.00

**Thank you for participating in our dynamic faith formation program
(whole community catechesis)**

Please note the following requirements for family enrollment:

- It is mandatory that a parent(s) or a guardian(s) accompany their child(ren) to Faith, Family & Friends and remain on site attending one of the available adult sessions.
- Children (1st-6th grade) who wish to receive sacraments must attend Sacrament Preparation classes for two consecutive years here at St. Paul Newman Center or at another Catholic parish before they will be allowed to receive sacraments.
- Please include a copy of your child(ren)'s baptism certificate with this application if they are going to receive a sacrament this year.
- Parents/Guardians must attend a yearly safe environment session. Date to be determined.

Registration deadline - September 18, 2011
Please return completed forms to office - payment plans available

Contact persons:

Lynne Meccariello-Starr
Director of Religious Education
436-3491
email: lynne@csufnewman.com

John Prandini
Family Life Ministries
436-3439
email: prandinij@csufnewman.com

Carol Kennedy
Office Manager
436-3434
email: carol@csufnewman.com

Please retain this cover page for your records

Student Information	Child # 4	Child # 5	Child # 6
First & Last Name:	_____	_____	_____
Gender:	Male _____ Female _____	Male _____ Female _____	Male _____ Female _____
Date of Birth:	___/___/___ Age: _____	___/___/___ Age: _____	___/___/___ Age: _____
Grade in school:	_____ Fall 2011	_____ Fall 2011	_____ Fall 2011
Year in Religious Ed:	_____ Fall 2011	_____ Fall 2011	_____ Fall 2011
Baptism:	Yes___ No ___ Year _____ Parish: _____	Yes___ No ___ Year _____ Parish: _____	Yes___ No ___ Year _____ Parish: _____
First Reconciliation:	Yes___ No ___ Year _____ Parish: _____	Yes___ No ___ Year _____ Parish: _____	Yes___ No ___ Year _____ Parish: _____
First Communion:	Yes___ No ___ Year _____ Parish: _____	Yes___ No ___ Year _____ Parish: _____	Yes___ No ___ Year _____ Parish: _____

Faith, Family & Friends COVENANT OF PARTICIPATION

As a participant in Faith, Family & Friends,

I will:

- make attendance a priority, actively participate and be engaged in the activities of Faith, Family & Friends.
- be prompt in order to fully participate in all the activities and classes offered.
- become a lifelong learner of my Catholic faith and strive to become an example of Christian discipleship to the world.
- be an active and engaged member of my St. Paul – Newman Center Parish community.

If I have children in Faith, Family & Friends,

I will:

- provide supervision for my children and remain on campus throughout the evening and participate in my own religious education and faith formation.
- ensure that my children are on time and prepared for their classes by helping them complete their religious education assignments during the week, praying with them, and talking to them about God and issues of faith.
- accept greater responsibility for my family/household's faith formation and spiritual development.
- create a loving and faith-filled home environment, making it the center of faith and religious activity where feasts and seasons of the liturgical year are celebrated.

signature

date

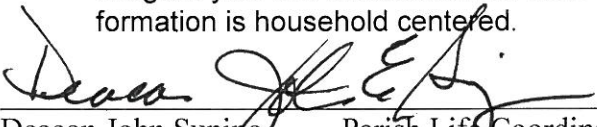
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date

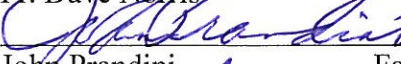
As your parish family at Faith, Family & Friends,

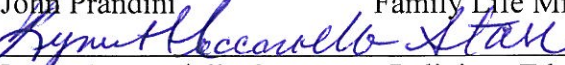
we will:


- provide opportunities for life-long learning of the Holy Bible, the Catholic Church, and her beliefs, values and traditions.
- provide learning opportunities to enrich your family life, to help you become a better spouse, parent, family member, and/or friend.
- provide resources to help you live out your faith at home and to make your home the center of your faith and religious activity.
- provide teachers who are well-prepared and will provide clear and interesting lessons for your children and yourself.
- treat you, your child and your family as unique and will respond to your special needs as we are able.
- provide service opportunities for you and your family/household.
- strive to establish a loving bond and a working partnership with you and your family/household to help you create a home where feasts and seasons of the liturgical year are celebrated and faith formation is household centered.

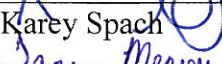

Deacon John Supino Parish Life Coordinator

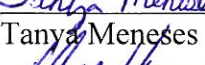

Fr. Dave Norris Sacramental Priest



John Prandini Family Life Ministry

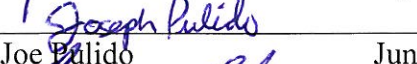

Lynne Meccariello-Starr Religious Education


Karey Spach Campus Ministry


Tanya Meneses Young Adult Ministry


Moose Henson High School Ministry


Joe Pulido Junior High Ministry


Suzy Elower RCIA/Liturgy

Your Parish Family

PHOTOGRAPH RELEASE

Faith, Family and Friends
Tuesday Evenings 6:00 to 7:30 p.m.
Sept. 27, 2011 - May 1, 2012

Authorization to Publish Pictures

Please fill out and sign below to grant permission to use pictures of you and your child(ren) taken during our religious education program (classes/retreats/events) on the church web site, church bulletin, and/or Faith, Family & Friends newsletter. Individual pictures of children will not be published. No names will accompany any photographs used on the web site.

I, _____ (print your name) GRANT permission for St. Paul Newman Center to publish pictures of me and/or my child(ren), (print name of child(ren)) _____ on the church's web site, church's bulletin, and/or Faith, Family & Friends newsletter. I understand that if I give notice to the Director of Religious Education that I object to any particular picture of me or my child(ren) on the web site, it will be removed as soon as possible. I understand that neither I nor the child(ren) named above will be paid any royalty or other compensation for the publication of the pictures. I further state that I have the right to grant this permission as I am the child(ren)'s parent or legal guardian.

SIGNED _____ Date _____

PLEASE NOTE: BY REFUSING TO GRANT THIS PERMISSION, YOU THE PARENT/GUARDIAN IS RESPONSIBLE TO INFORM THE PERSON TAKING PICTURES AND ALSO RESPONSIBLE FOR KEEPING YOUR CHILD(REN) OUT OF THE PICTURES AT OUR PROGRAM'S EVENTS.

COMPLETE ONE FORM PER CHILD

DIOCESE OF FRESNO ANNUAL PARISH CONSENT FOR EMERGENCY MEDICAL TREATMENT,
PARISH ACTIVITIES PERMISSION, AND RELEASE OF LIABILITY FORM

THIS FORM MUST BE COMPLETED AND RETURNED AT THE TIME OF REGISTRATION

TO THE PARENT/LEGAL GUARDIAN: You must give permission on this annual form for your child to attend and participate in parish-sponsored events and activities during this calendar year. You will also be required to sign permission forms for your child to participate in specific parish-sponsored events, activities, and sports conducted off parish grounds.

Name of Child:	Year 2011 - 2012
Name of Parent(s)/Guardian(s):	Parish Name: St. Paul Newman Center

I, the undersigned parent or guardian, voluntarily wish to give permission for and request that my child be allowed to attend and participate in parish-sponsored events and activities during this calendar year including those conducted off parish grounds. My child is physically fit and capable of participation in parish events and activities. I agree to direct my child to cooperate and conform with directions, instructions, and rules given by parish personnel or agents, chaperones, or diocesan personnel responsible for all parish events and activities. If requested, I will sign a permission and release form for each specific event or activity conducted off parish grounds. I reserve the right not to have my child participate in parish-sponsored events.

I understand that participation in parish-sponsored events and activities, including those off parish grounds, involve some risk (including any travel to and from these events or activities) and that unforeseen events can occur. I am informed and agree that transportation, if involved, may be provided by parents, other private individuals, or commercial operators who are believed to be reliable and insured, but are not under the supervision or control of the parish.

In exchange for permitting my child to participate in the parish's activities, I waive and give up all claims (and the right to file a lawsuit) which I or my child (and our successors, heirs, and assigns) may have against the parish and Diocese of Fresno. I release and discharge the parish and Diocese of Fresno from all liability or responsibility from death, illness, personal injury, or property damage arising out of the parish activity and any transportation involved with the parish activity.

In the event of an emergency, and if the parish is unable to contact me, I authorize parish personnel or other adult leadership of a parish-sponsored event or activity, at my expense, to secure and consent to x-ray examination, medical, dental, or surgical diagnosis, treatment, and hospital care advised and supervised by a duly licensed physician, surgeon, or dentist. I expect to be contacted as soon as possible. I agree that if emergency medical or dental services are required for my child, the Diocese of Fresno will not be responsible to pay for any medical or dental expenses.

This permission, waiver, release, and consent applies to the parish named, and to The Roman Catholic Bishop of Fresno (a corporate sole), the Diocese of Fresno, Diocese of Fresno Education Corporation, all Diocese of Fresno schools, all parishes, affiliated organizations, and their officers, clergy, agents, and employees.

This waiver and release form is signed in order for my child to participate in the parish's events and activities for my child's own personal enjoyment and benefit and is done so freely with full knowledge of the risk and dangers that are or may be involved.

I authorize any hospital which has provided treatment to the above named minor pursuant to the provisions of Family Code section 6910 to surrender physical custody of such minor to the diocesan or parish representative upon the completion of treatment. This authorization is given pursuant to Health and Safety Code section 1283.

Continued on reverse side

The following information is provided for the benefit of the parish:

Daytime Phone Number(s) of Parent/Guardian	Nighttime Phone Number(s) of Parent/Guardian
Pager/Cell Phone Numbers(s)	Child's Date of Birth
Emergency Contact Other than Parent/Guardian	Phone Number(s)
Allergies (food, drugs, insects, etc.)	
Medications (name, dosage, reason)	
Other Information or Special Health/Physical Considerations (attach extra sheet if necessary)	
Insurance Carrier	Insurance Group or ID Number
Name of Child's Doctor	Phone Number
Name of Child's Dentist	Phone Number
Name of Child's Orthodontist	Phone Number

I, the undersigned, have read this release and understand all of its terms. I request that my child be allowed to participate in the parish's events and activities. I execute this form voluntarily and with full knowledge of its significance. I have discussed the above with my child, and my child is aware of and understands the importance of following all rules set out for the parish's events, activities, or sports. A copy of this form shall be as valid as the original authorization and may be given to the adult leader of the events, activities, or sports.

Signature of Parent/Guardian: _____ Date: _____

Signature of Parent/Guardian: _____ Date: _____