



ST. CALLISTUS PARISH CONFIRMATION PROGRAM

3580 San Pablo Dam Road • El Sobrante, CA 94803 • 510.222.0432 FF Office • 510.223.1153 Parish Office

CHILD 1 INFORMATION

NAME: FIRST, MIDDLE, LAST <i>(as on Birth or Baptism Cert.)</i>		GRADE	<input type="radio"/> Male <input type="radio"/> Female GENDER
DATE OF BIRTH	PLACE OF BIRTH (CITY, STATE, COUNTRY <i>if other than U.S.</i>)	PREFERRED FAMILY CONTACT#	
CURRENT ADDRESS	CITY, STATE, ZIP	PREFERRED FAMILY EMAIL	
BAPTISMAL DATE CHURCH NAME	CITY, STATE	<input type="radio"/> Y <input type="radio"/> N <i>(attach copy)</i> CERT ON FILE	
1ST COMM. DATE CHURCH NAME	CITY, STATE		

CHILD 2 INFORMATION

NAME: FIRST, MIDDLE, LAST <i>(as on Birth or Baptism Cert.)</i>		GRADE	<input type="radio"/> Male <input type="radio"/> Female GENDER
DATE OF BIRTH	PLACE OF BIRTH (CITY, STATE, COUNTRY <i>if other than U.S.</i>)		
BAPTISMAL DATE CHURCH NAME	CITY, STATE	<input type="radio"/> Y <input type="radio"/> N <i>(attach copy)</i> CERT ON FILE	
1ST COMM. DATE CHURCH NAME	CITY, STATE		

PARENT/GUARDIAN INFORMATION

MARITAL STATUS: Married Divorced Widow/Widower Single Parent

FATHER'S/GUARDIAN FULL NAME	EMAIL	PHONE <i>(Cell/Home/Work)</i>	FATHER'S RELIGION
MOTHER'S/GUARDIAN FULL NAME	EMAIL	PHONE <i>(Cell/Home/Work)</i>	MOTHER'S RELIGION
MOTHER'S MAIDEN NAME	PARISH/MASS - <i>Family attends</i>	<input type="radio"/> Yes <input type="radio"/> No REGISTERED	

EMERGENCY CONTACT INFO

CONTACT NAME 1	RELATIONSHIP	CELL PHONE	WORK PHONE
CONTACT NAME 2	RELATIONSHIP	CELL PHONE	WORK PHONE

OFFICE USE ONLY | Payment - Financial assistance is available, if needed.

Confirmation \$175 Payment x _____ *(# of children receiving Confirmation)* Grand Total \$ _____

Date _____ Received by _____ Cash or Check # _____ Paid in Full Yes No

IN-PERSON SESSIONS

To maintain a safe and health learning environment, the following safety protocols should be followed in our in-person Faith Formation sessions:

- Parents and children should follow the current health protocols of the Church
- All should sanitize their hands while entering the Parish Hall/classrooms
- All should avoid shaking hands, refrain from touching others, and nod in greeting or acknowledgement instead

To maintain a safe and healthy environment, we will sanitize our high-touch areas before and after all sessions. Windows and doors will be opened to allow proper ventilation of rooms.

IN CASE OF ZOOM SESSIONS

In-person is the best method for teaching, of course, but just in case we are requested to revert back to Zoom sessions, please review below and have your children adhere to the following Rules of Engagement:

Environment at Home:

- Best if Child has a quiet environment/space with least distraction
- Set computer or device on a desk or table where it remains unmoved during the entire session
- Have the child seated comfortably
- Child should have completed assigned reading or homework
- Child should have session materials ready and nearby: book(s), writing pad, a pen or pencil

Before Zoom Log On:

- Zoom link, ID, and passcode are given by respective Catechist
- Log on about 10 minutes before Zoom session starts

Zoom Settings:

- Child's first name should be entered so to appear in the Zoom window (bottom left)
- Select "Speaker" view, not "Gallery" view at top right corner of zoom window (participants thumbnail at top and Speaker has large view center of the Zoom window)
- Make sure Zoom captures his/her entire face on the video frame
- Have MIC on mute mode for least distraction for all (the mic icon should have a red line over it)

During Zoom Session / Rules of Engagement – your child(s):

- full face should remain within the Zoom video frame during entire Zoom session
- video/camera should remain on during Zoom even while breaking for restroom with permission
- who wishes to speak should raise their hand and be on UNMUTE mode once called upon by Catechist
- use of the Zoom chat feature should only be used for related FF session topics and addressed to either "Everyone" or privately to the Host/Catechist or assistant



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DIOCESE OF OAKLAND PARENTAL PERMISSION, HEALTH AUTHORIZATION, RELEASE FORM

Child's Name _____ Parish _____

Address _____ Phone _____

School _____ Birth Date _____ Grade _____

Parent/Guardian's Name _____

Address _____

Cell Phone _____ Home Phone _____

Work Phone _____ Other Number _____

IN CASE OF EMERGENCY, NOTIFY PERSON OTHER THAN PARENT/GUARDIAN

Name _____

Cell Phone _____ Home 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:

Has your child had difficulty with the following (check all that apply):

- Asthma Heart Eyes Ears Nose Throat Lungs
 Digestion Menstrual Problems Fainting Spells Convulsions Diabetes

Any condition currently requiring medication? Name of medication _____

Allergy or reaction to ANY food or medication? Name of allergen(s) _____

Other _____

List any physical restriction or restrictions for any activity on the basis of medical condition:

State the date of your child's last physical examination: _____

(COMPLETE BACK OF FORM)

PARENTAL PERMISSION AND ACKNOWLEDGMENT OF CONDITIONS FOR PARTICIPATING IN CONFIRMATION PROGRAM

1. I/we, parent or authorized guardian of the child named above give permission for his/her participation in St. Callistus Confirmation Program, and all related activities, including but not limited to transportation to and from Faith Formation related events.
2. I/we agree to direct my/our child to cooperate and comply with reasonable directions and instructions from Confirmation Program 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 parish, Confirmation Program employees, agents or volunteers or other participants.
4. I/we understand that youth participating in Confirmation Program events risk injury to the body, psyche or property damage to themselves and others. Such injuries can be caused by other persons or 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 St. Callistus Confirmation Program, use the equipment provided and to enter the premises or facilities of the Diocese of Oakland (Diocese) 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 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 "Releases") 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 participant, whether caused by negligence or other conduct by the Releases while the participant is participating in this event or in, upon or about the premises of the Diocese or any of its facilities or equipment.
2. To indemnify and hold harmless the Releases from any loss, liability, damage or cost it may incur due to the presence of the minor child, parent guardian in, upon or about the premises of the Diocese, its facilities or equipment, or while participating in any Faith Formation activities whether caused by the negligence of Releases or otherwise.
3. That the participant 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.

Release Statement

I hereby (circle one) GRANT/ DECLINE permission for my child(ren) named on this form to be photographed and/or videotaped during Confirmation Program and events; and for the resulting photographs and/or videotaped footage to be edited, if necessary, and be published and/or broadcast (newspaper, church bulletin, church/diocesan website, etc.) for the purpose of promoting the activities of St. Callistus Parish.

I have read this Agreement and understand everything written above.

Signature of Parent or Guardian

Date

Signature of Parent or Guardian

Date