



# St. Callistus Parish Faith Formation Program 2024-2025

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

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Faith Formation is a lifelong journey beginning in the home, where the foundations of faith are laid primarily by the child's parents and godparents. Their ongoing responsibility is to foster the child's growth in faith and to encourage and support in passing on the faith. Along with the families, we as a community work together to guide our children toward a life of discipleship of Jesus.

Our Catechetical instruction program is provided for our parish's children and youth. **Classes begin promptly at 11:15 a.m. until 12:30 p.m. on Sundays from September to May.** Our program schedule follows the Catholic Liturgical Calendar. Therefore, children in the program are expected to attend the 10 a.m. Mass on Sundays. Attending Sunday Mass will provide the opportunity to live out this Sacred Tradition together as a family and with the parish community.

Children willing to receive the sacrament of First Holy Communion must participate in two years of Faith Formation before they receive First Communion. During their second year, children are prepared for First penance and receive the Sacrament of Reconciliation before they receive First Communion.

## EXPECTATIONS OF FAITH FORMATION PROGRAM

Your child will receive materials for their Sunday class, including the Holy Bible. We encourage parents or guardians to read the Sacred Scriptures at home with their children. At the end of the school year, the children can keep all materials provided except for the Holy Bible so that we can reuse them for the following year.

Promptness and regular attendance at every class are essential for a more complete understanding of the church's teachings and our faith. Please inform the Faith Formation office about your child's absence from the session.

Parents are requested to drop off and pick up their child(ren) from their respective classrooms.

## SACRAMENT PREPARATION (FIRST RECONCILIATION AND FIRST EUCHARIST)

Parents must attend the mandatory sacramental preparation meetings and the Sacramental Family Day offered for each Sacrament.

Financial hardship must never prevent you from registering your child for Faith Formation, so please speak with the Faith Formation Director.

**REGISTRATION FEES:** First Holy Communion Fee in Second year: \$ 30.00,

For Families registered in St. Callistus Parish:

\$ 65.00 for first child

\$ 45.00 for second child

\$ 20.00 for third or more children each

For Families registered in other parishes:

\$ 75.00 for first child

\$ 50.00 for second child

\$ 25.00 for third or more child each

## 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.

## FF COMMUNICATION

For best communication, we request at least one parent be registered on Flocknote. To register on Flocknote,;

- Open your web browser of choice and type [saintcallistus.org/flocknote](http://saintcallistus.org/flocknote) in the URL field for instruction **OR**
- Type in the URL field [stcallistus.flocknote.com](http://stcallistus.flocknote.com),
  - input email and mobile phone info, then click Sign Me Up. Follow prompts after.
  - see [saintcallistus.org/flocknote-signup](http://saintcallistus.org/flocknote-signup) for step-by-step instruction, if needed.Note: Step #6, select dropdown FF Groups / Children's FF - Parents Grp.
- **OR** do Cell phone Text-to-Join method (go to [saintcallistus.org/flocknote-signup](http://saintcallistus.org/flocknote-signup) and scroll down for more info)

## IN CASE OF ZOOM SESSIONS

In-person is the best method for teaching, of course, but just in case Zoom sessions are needed, 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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## CHILD 1 INFORMATION | ENROLL FOR: FIRST COMMUNION YEAR 1 YEAR 2 ONGOING

NAME: FIRST, MIDDLE, LAST (as on Birth or Baptism Cert.) \_\_\_\_\_ GRADE \_\_\_\_\_  Male  Female  
GENDER

DATE OF BIRTH \_\_\_\_\_ PLACE OF BIRTH (CITY, STATE, COUNTRY if other than U.S.) \_\_\_\_\_ PREFERRED FAMILY CONTACT# \_\_\_\_\_

CURRENT ADDRESS \_\_\_\_\_ CITY, STATE, ZIP \_\_\_\_\_ PREFERRED FAMILY EMAIL \_\_\_\_\_

BAPTISMAL DATE | CHURCH NAME \_\_\_\_\_ CITY, STATE \_\_\_\_\_  Y  N (attach copy) CERT ON FILE \_\_\_\_\_ 1ST COMM. DATE | CHURCH NAME \_\_\_\_\_

## CHILD 2 INFORMATION | ENROLL FOR: FIRST COMMUNION YEAR 1 YEAR 2 ONGOING

NAME: FIRST, MIDDLE, LAST (as on Birth or Baptism Cert.) \_\_\_\_\_ GRADE \_\_\_\_\_  Male  Female  
GENDER

DATE OF BIRTH \_\_\_\_\_ PLACE OF BIRTH (CITY, STATE, COUNTRY if other than U.S.) \_\_\_\_\_

BAPTISMAL DATE | CHURCH NAME \_\_\_\_\_ CITY, STATE \_\_\_\_\_  Y  N (attach copy) CERT ON FILE \_\_\_\_\_

1ST COMM. DATE | CHURCH NAME \_\_\_\_\_ CITY, STATE \_\_\_\_\_

## PARENT/GUARDIAN INFORMATION

FATHER'S/GUARDIAN FULL NAME \_\_\_\_\_ EMAIL \_\_\_\_\_ PHONE (Cell/Home/Work) \_\_\_\_\_ FATHER'S RELIGION \_\_\_\_\_

MOTHER'S/GUARDIAN FULL NAME \_\_\_\_\_ EMAIL \_\_\_\_\_ PHONE (Cell/Home/Work) \_\_\_\_\_ MOTHER'S RELIGION \_\_\_\_\_

MOTHER'S MAIDEN NAME \_\_\_\_\_ PARISH/MASS - Family attends \_\_\_\_\_  Yes  No  Father  Mother  
REGISTERED CHURCH REGISTERED FLOCKNOTE

## 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.			Date Submitted _____
	Parishioner	Non-Parishioner	Total Amount
<input type="radio"/> 1st Child	\$65	\$75	_____
<input type="radio"/> 2nd Child	\$45	\$50	_____
<input type="radio"/> Add'l Child	\$20 x _____ (# of add'l)	\$25 x _____ (# of add'l)	_____
<input type="radio"/> First Reconciliation / Communion Fee (2nd Year Sacramental Prep)	\$30 x _____ (# of children receiving 1st Communion)		_____
Received by _____			Check# _____ Grand Total _____



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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 PROGRAM**

1. I/we, parent or authorized guardian of the child named above give permission for his/her participation in St. Callistus Faith Formation, 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 Faith Formation 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, Faith Formation program employees, agents or volunteers or other participants.
4. I/we understand that children participating in Faith Formation 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 Faith Formation, 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 Faith Formation Activities 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.

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Signature of Parent or Guardian

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Date

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Signature of Parent or Guardian

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Date