

# ST. JOSEPH CHURCH FAITH FORMATION MINISTRY

20      -20      REGISTRATION (Children/Youth/OCIA)

→ ONE APPLICATION PER STUDENT, PLEASE FILL OUT BOTH SIDES ←

Student's Full Name: (F)\_\_\_\_\_ (M)\_\_\_\_\_ (L)\_\_\_\_\_

**Mailing** Address: \_\_\_\_\_ (Write residential address on back)

Telephone # \_\_\_\_\_ Cellular # \_\_\_\_\_ Text (Y/N) Emergency Name & # \_\_\_\_\_

Father's Full Name: \_\_\_\_\_ Mother's Full Name: \_\_\_\_\_ (Maiden in parenthesis)

Student lives with: Parent(s) \_\_\_\_\_ Grandparent(s) \_\_\_\_\_ Legal Guardian(s) \_\_\_\_\_

Unbaptized adults and children will attend separate classes under OCIA/OCIC. The preparation for the Sacraments of First Reconciliation, Confirmation and First Holy Communion starts in 1<sup>st</sup> grade with the Sacraments received in 2<sup>nd</sup> grade. Students in 3<sup>rd</sup>-8<sup>th</sup> grades who have not received 1<sup>st</sup> Reconciliation and 1<sup>st</sup> Holy Eucharist will be placed in our "Intermediate Sacramental Class." *The restoration to the proper order of receiving Sacraments (Baptism, Confirmation, and then Communion) has been implemented since the 2017-2018 SY.*

Parents / Guardians of students in Sacramental classes are required to attend a parent meeting.

Students entering Sacramental classes must provide their original Baptismal Certificate along with this application. For OCIA, adults seeking Confirmation must provide their original Baptismal and First Communion certificates, Sponsor's name, and Saint name. Unbaptized students must provide their State Birth Certificate and Godparent's name. Sacraments will not be given unless original certificates or certified copies are presented. We will make a copy and return your originals to you.

Name written on Baptismal Certificate will be used on all St. Joseph Sacramental records unless a copy of a legal name change, adoption, and/or other legal document is submitted to the office.

**Fee: FREE** – a goodwill offering is appreciated. This offering will help to offset activity & instructional needs.

Name of Parish attending: _____
If St. Joseph, which Mass day & time? _____

Baptized? Yes\_\_No\_\_ ; Reconciliation? Yes\_\_No\_\_ ; Confirmed? Yes\_\_No\_\_ ; 1<sup>st</sup> Communion? Yes\_\_No\_\_

Name on Baptismal Certificate: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Gender: \_\_\_\_\_ Grade: \_\_\_\_\_

Place of Baptism: _____	Year: _____	<b>Office Use Only</b>	<b>Registered St. Joseph Parishioner:</b>
Place of Confirmation: _____	Year: _____		Verified on: _____
Place of First Eucharist: _____	Year: _____		Envelope #: _____
			Verified by: _____

As stewards of St. Joseph Church, families must volunteer a minimum of 5 hours per student to the St. Joseph Feast annually held the last weekend in April/first weekend in May. Thank you!

Signature of person filling out this form: \_\_\_\_\_ Date: \_\_\_\_\_

**Email address:** \_\_\_\_\_

**Parents:** if you have a middle or high school student seeking the Sacrament of Confirmation they must also register with Youth Ministry as ministry and stewardship go hand-in-hand. Thank you.

<b>Office Use Only</b>	<b>FREE:</b> Goodwill offering accepted
	Date: _____
	Rcpt or Ck #: _____
	(√)Cash: _____ Ck: _____ MO: _____
	Total Paid: _____
	Received by: _____

**St. Joseph Catholic Church**  
**1294 Makawao Avenue**  
**Makawao, HI 96768**

20      - 20       
**MEDICAL RELEASE FORM**

To whom it may concern,

As a parent/guardian (or adult student), I do herewith authorize the treatment by a qualified and licensed medical doctor of the following minor (or myself) in the event of a medical emergency which, in the opinion of the attending physician, may endanger his/her (or my) life, cause disfigurement, physical impairment or undue discomfort if delayed. This authority is granted only after a reasonable effort has been made to reach the student's parents or emergency contact.

Name of Student: \_\_\_\_\_ Relationship: \_\_\_\_\_  
(to the person filling out this form)

Dates when release is intended: July 01, 20      to June 30, 20     .

This release form is completed and signed of my own free will with the sole purpose of authorizing medical treatment under emergency circumstances in my absence.

_____ <b>Parents/legal guardians (or adult student's) signature</b>	_____ <b>Date</b>
Name: _____	Home Phone _____
Residential Address: _____	Work Phone _____
_____	Text (Y)/(N) Mobile Phone _____

Specific medical allergies, chronic illnesses, medications, physical or mental impairments, or other conditions: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of Emergency contact person: \_\_\_\_\_  
Telephone # \_\_\_\_\_ Text (Y) / (N)

Notes? \_\_\_\_\_

\_\_\_\_\_

**Return this form with your child's registration information.**