



Our Lady of the Rosary Church

Iglesia de Nuestra Señora Del Rosario

703 "C" Street • Union City, California 94587-2195 • (510) 471-2609 • www.olorchurch.org

Donald Márquez, Director of Formation

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Faith Formation Program

REGISTRATION FORM FOR THE 2025-26 SCHOOL YEAR



Flocknote is an app that we use to send group texts or e-mails to our families with important and current information regarding classes and events. As some of the information we send you might require immediate action, be sure that the cell phone and e-mail information you provide below is accurate so that you do not miss any updates. Please be sure to notify us in the future should your cell phone number or e-mail address change. You are also able to indicate which language you would prefer for these notifications.

SECTION 1: INFORMATION ON PARENTS / GUARDIANS

PRIMARY CONTACT (Contact information for this person will automatically be added to our Flocknote database)

NAME _____
Last First

ADDRESS _____
Number, Street, Apt. # City State Zip code

PHONE: (____) ____-____ ☐ Cellular (Preferred); ☐ Landline Preferred Language: ☐ Eng.; ☐ Sp.

E-MAIL _____

RELATIONSHIP TO STUDENTS BEING REGISTERED: ☐ Parent; ☐ Legal Guardian; ☐ Other _____

SECONDARY CONTACT

NAME _____
Last First

ADDRESS _____
Number, Street, Apt. # City State Zip code

PHONE: (____) ____-____ ☐ Cellular (Preferred); ☐ Landline Preferred Language: ☐ Eng.; ☐ Sp.

E-MAIL _____ Add this person to Flocknote? ☐ Yes; ☐ No

RELATIONSHIP TO STUDENTS BEING REGISTERED: ☐ Parent; ☐ Legal Guardian; ☐ Other _____

EMERGENCY CONTACT – Another person not listed above

NAME _____ PHONE: (____) ____-____ RELATIONSHIP _____

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SECTION 2: INFORMATION ON CHILDREN BEING ENROLLED

INSTRUCTIONS FOR THIS SECTION:

- Enter the information in order of age – oldest child first
- Enter the child's name as it appears on his or her birth certificate
- **With this form, please submit a birth certificate for each child and certificates for any sacraments received.**
- **NOTE: 1st Communion classes in English are on Thursday (2nd year only) and Saturday; in Spanish on Wednesday and Saturday. We are not offering first-year Confirmation classes in 2025-26.**
- When all children are entered, proceed to Section 3

CHILD 1

NAME _____

Last

First

GENDER: ☐ Male; ☐ Female DATE OF BIRTH ____/____/____ GRADE IN SCHOOL THIS FALL ____

Was this child in faith formation classes last year? ☐ Yes; ☐ No ➡ If "Yes" what church? _____

SACRAMENTS RECEIVED: ☐ Baptism ☐ check here if baptized at OLR
 ☐ First Communion ☐ check here if received at OLR

Preferred language for classes: ☐ English ☐ Spanish

Preferred day for First Communion classes: ☐ Wednesday 4:30 (Spanish only) ☐ Saturday 10:00 (English & Spanish)

ALLERGIES OR MEDICAL CONDITIONS _____

CHILD 2

NAME _____

Last

First

GENDER: ☐ Male; ☐ Female DATE OF BIRTH ____/____/____ GRADE IN SCHOOL THIS FALL ____

Was this child in faith formation classes last year? ☐ Yes; ☐ No ➡ If "Yes" what church? _____

SACRAMENTS RECEIVED: ☐ Baptism ☐ check here if baptized at OLR
 ☐ First Communion ☐ check here if received at OLR

Preferred language for classes: ☐ English ☐ Spanish

Preferred day for First Communion classes: ☐ Wednesday 4:30 (Spanish) ☐ Saturday 10:00 (English. & Spanish)

ALLERGIES OR MEDICAL CONDITIONS _____

CHILD 3

NAME _____

Last

First

GENDER: ☐ Male; ☐ Female DATE OF BIRTH ____/____/____ GRADE IN SCHOOL THIS FALL ____

Was this child in faith formation classes last year? ☐ Yes; ☐ No ➡ If "Yes" what church? _____

SACRAMENTS RECEIVED: ☐ Baptism ☐ check here if baptized at OLR
 ☐ First Communion ☐ check here if received at OLR

Preferred language for classes: ☐ English ☐ Spanish

Preferred day for First Communion classes: ☐ Wednesday 4:30 (Spanish) ☐ Saturday 10:00 (English. & Spanish)

ALLERGIES OR MEDICAL CONDITIONS _____

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SECTION 3: PARENT / GUARDIAN AGREEMENT

In signing below, I/we agree to the following:

ENROLLMENT AND ATTENDANCE:

- To enroll the child(ren) named above in the Faith Formation Program at Our Lady of the Rosary Church for the 2025-26 school year.
- That the child(ren) will attend class and Sunday Mass on a regular basis.
- That I will instruct my child(ren) who are enrolled as students in the Faith Formation Program to cooperate with, and follow the instructions of, the personnel and volunteers who are responsible for religious activities.

PARENT FORMATION CLASSES:

- To attend six formation classes for parents and any retreats that are held for parents and sponsors.

SERVICE HOUR AND FUNDRAISING COMMITMENT:

- To sell or purchase a minimum of \$100.00 worth of raffle tickets for the parish festival to be held in October.
- To perform 10 hours of volunteer service (as a family) at Our Lady of the Rosary Parish.

HEALTH AUTHORIZATION:

I agree that in the event that my child(ren) is/are injured as a result of his/her/their participation in Faith Formation activities, including transportation to and from these activities, whether or not caused by the negligence of the parish Faith Formation program, or any of its agents or employees, recourse for the payment of any resulting hospital, medial or related costs and expenses will first be had against any accident, hospital or medical insurance, or any available benefit of mine/ours. In the event I/we cannot be reached in an emergency, I/we hereby give permission for the Director of Formation or an appointed adult to authorize by his/her signature whatever medical treatment may be considered necessary for my/our child(ren) by the attending physician.

MEDIA RELEASE:

I hereby (circle one) GRANT / DECLINE permission for my/our 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 (parish website, bulletin, Facebook page, etc.) for the purpose of promoting the activities of Our Lady of the Rosary parish and Faith Formation program.

FINANCIAL COMMITMENT:

- To pay tuition and fees in the amount of \$ _____ ← (to be filled in by the parish).

SIGNATURE OF PARENT / GUARDIAN: _____

DATE SIGNED: _____