



**St. Martin of Tours Children's Catechetical Ministry (CCM) Registration Form
2026-2027**

FAMILY INFORMATION

Home address: _____

Father's name: _____ Catholic: Yes/No

Best Phone Number to Contact: _____

E-mail: _____

Mother's name: _____ Catholic: Yes/No

Best Phone Number to contact: _____

E-mail: _____

STUDENT INFORMATION

Student #1:

Last name: _____ First name: _____ Gender: Male/Female

Birth date: _____ Grade in September 2026: _____

Sacrament detail:

Baptism received: Yes/No Date received: _____

Eucharist received: Yes/No Date received: _____

Special needs (Medical, Learning Disabilities, Physical Disabilities, etc.): _____

Known allergies: _____

Student #2:

Last name: _____ First name: _____ Gender: Male/Female

Birth date: _____ Grade in September 2026: _____

Sacrament detail:

Baptism received: Yes/No Date received: _____

Eucharist received: Yes/No Date received: _____

Special Needs (Medical, Learning Disabilities, Physical Disabilities, etc.): _____

Known allergies: _____

Student#3:

Last name: -----First name:_____ Gender: Male/Female

Birth date: _____Grade in September 2026: _____

Sacrament detail:

Baptism received: Yes/No Date received: _____

Eucharist received: Yes/No Date received: _____

Special Needs (Medical, Learning Disabilities, Physical Disabilities, etc.): _____

Known allergies:***Please complete a Participant Waiver form for each child registered****PHOTO/VIDEO RELEASE**

Occasionally pictures are taken of children during events and gatherings. We would like to be able to use these photographs for newsletters, flyers, and the parish website. Concerns about published pictures should be expressed to St. Martin of Tours and will be promptly dealt with. I, the parent, authorize and give full consent, without limitation or reservation, to St. Martin of Tours Parish to publish any photographs/videos in which the above-named student(s) and/or his/her parents/grandparents appear while participating in any program of Faith Formation. No compensation is to be given.

Please write out your name below if you give consent to the Photo/Video Release

_____Date:_____

PARENT/GUARDIAN VIRTUAL CONSENT

In the event that in person faith formation sessions will not be available or if a hybrid model will be utilized for faith formation sessions, St. Martin of Tours will provide virtual programming and content for its participants, through which staff will facilitate program activities through online platforms. The program(s) will use software, tools and applications provided by third parties that participants, parents/legal guardians, volunteers and/or staff will access via the internet and use for purposes of communication and programming and content. These platforms may include but are not limited to Zoom, GoToMeeting, Google Classroom, Facebook, YouTube, etc. The attached Parent Virtual Consent form provides your consent and release for your child to participate in the program(s) and utilize these online applications for distance-based, virtual program purposes. Please carefully review the attached consent form, sign, and submit for each registered child with this registration.

REGISTRATION FEE AND DEADLINE

Registration fee: \$160 per child

The registration, all the required forms, and the fee must be submitted to Faith Formation in the parish office by **September 15, 2026**. The office is located **at 200 O'Connor Drive, San Jose, CA 95128**

PAYMENT INFORMATION

Payments can be made using cash or check. If you plan on paying with a check, please write it out to St. Martin of Tours, and make sure to write "CCM" with your child's/children's last name on the memo.

Checklist:

- ___ **Registration form** (per family)
- ___ **Participant Program Waiver Form** (Per child)
- ___ **Parent Virtual Consent Form** (Per child)
- ___ **Registration Fee** (\$160 per child)

If you have any questions, please contact Ed Ibarra (Catechetical Director):

Email: eibarra@stmartin.org

Phone: (408) 294-8953 Ext. 321





Participant Activity Waiver Form

General Liability

Parish/School/Location Information	
Location Name:	Location #:
Location Address:	Telephone:
Contact Name:	Facsimile:
NOTICE TO ALL PARISH/SCHOOL ADMINISTRATORS – THE WAIVER MUST BE KEPT ON FILE AT THE PARISH/SCHOOL IN CASE OF AN EMERGENCY. IF AN INCIDENT DOES OCCUR, PLEASE REPORT ALL INCIDENTS TO THE DIOCESAN CFO ADMINISTRATOR ASSISTANT, SUZANNE.BALISTRERI@DSJ.ORG WITHIN 24 HOURS. A NEW WAIVER MUST BE FILLED OUT, SIGNED AND KEPT ON FILE ANNUALLY.	
Participant Personal Information	
Participant Name:	Phone:
Home Address:	Email:
Medical Plan Name:	Policy Number:
Medical Plan Address:	Phone:
Emergency Contact Name:	Phone:
Emergency Contact Name:	Phone:
Activity Information	
Date of Activity:	Name of Activity:
Description of Activity:	
Waiver Authorization	
FORM MUST BE COMPLETED IN ALL RESPECTS, SIGNED AND DATED TO AUTHORIZE THE WAIVER.	
TO THE EXTENT PERMITTED BY LAW, I HOLD THE PARISH/SCHOOL AND DIOCESE OF SAN JOSE HARMLESS FROM ANY CLAIM OF INJURY, SICKNESS, ILLNESS OR DAMAGE THAT I /MY CHILD MAY SUFFER OR SUSTAIN DURING THE ACTIVITY LISTED ABOVE, WITH EXCEPTION TO INJURY OF DAMAGES ARISING OUT OF THE SOLE NEGLIGENCE OF THE PARISH/SCHOOL OR DIOCESE OF SAN JOSE. I ATTEST THAT I AM/MY CHILD IS PHYSICALLY FIT TO PARTICIPATE IN THIS EVENT. IN THE EVENT THAT I/MY CHILD BECOME(S) ILL OR INJURED, I DO HEREBY CONSENT TO WHATEVER MEDICAL TREATMENT(S), INCLUDING BUT NOT LIMITED TO X-RAY, EXAMINATION, OR HOSPITAL CARE, CONSIDERED NECESSARY IN THE BEST JUDGEMENT OF THE ATTENDING PHYSICIAN AND PERFORMED BY OR UNDER THE SUPERVISION OF A MEMBER OF THE MEDICAL STAFF OF THE HOSPITAL AND/OR OTHER MEDICAL FACILITY PROVIDING THE TREATMENT. I AM NOT AWARE OF ANY MEDICAL CONDITION WHICH WOULD RENDER IT INAPPROPRIATE FOR ME/MY CHILD TO PARTICIPATE IN ANY ACTIVITY ASSOCIATED WITH THIS EVENT.	

Also, I acknowledge the inherent risks of exposure to COVID-19, or other infectious virus or disease and voluntarily assume the risk that I/my child may be exposed to or infected by COVID-19, or other infectious virus or disease, by participating in this activity.

I/my child understand that the PARISH/SCHOOL AND DIOCESE OF SAN JOSE have put in place rules and precautions to mitigate the spread of COVID-19. While acknowledging that these rules and precautions may or may not be effective in mitigating the spread of COVID-19, I/my child agree to comply with such rules and precautions which may include, but are not limited to, wearing a face covering, hand washing, and hand sanitizing.

I agree that if I am/my child is exhibiting symptoms of illness such as cough, shortness of breath or difficulty of breathing, fever, chills, muscle pain, headache, or sore throat, I/my child will seek medical attention as needed, and refrain from attending the mentioned activity until I get/my child gets better.

I/my child hereby release and agree to hold PARISH/SCHOOL AND DIOCESE OF SAN JOSE harmless from, and waive on behalf of myself/my child, my heirs, and any personal representatives, any and all causes of action, claims, demands, damages, costs, expenses and compensation for damage or loss to myself/my child and/or property that may be caused by any act, or failure to act of the PARISH/SCHOOL AND DIOCESE OF SAN JOSE, or that may otherwise arise in any way in connection with any participation of activities WITH EXCEPTION TO INJURY OR DAMAGES ARISING OUT OF THE SOLE NEGLIGENCE OF THE PARISH/SCHOOL OR DIOCESE OF SAN JOSE.

I/my child understand that this release discharges the PARISH/SCHOOL AND DIOCESE OF SAN JOSE from any liability or claim that I/my child, my heirs, or any personal representatives may have against the parish with respect to any bodily injury, illness, death, medical treatment, or property damage that may arise from, or in connection to, any participation in activities WITH EXCEPTION TO INJURY OR DAMAGES ARISING OUT OF THE SOLE NEGLIGENCE OF THE PARISH/SCHOOL OR DIOCESE OF SAN JOSE.

This liability waiver and release extends to the PARISH/SCHOOL AND DIOCESE OF SAN JOSE together with its clergy, staff, volunteers, and other participants.

Participant Signature:
(Parent signature if participant is under 18)

Date Signed:

Internal Use Only

Waiver Received By:

Date Received:



Parish: St. Martin of Tours

Date: _____

Dear Parent or Legal Guardian,

Parish program(s) are providing virtual programming and content for its participants, through which staff will facilitate program activities through online platforms. The program(s) will use software, tools and applications provided by third-parties that participants, parents/legal guardians, volunteers and/or staff will access via the internet and use for purposes of communication and programming and potential content creation. These platforms may include but are not limited to Zoom, GoToMeeting, Google Classroom, Facebook, YouTube, etc.

This Form provides your consent and release for your child to participate in the program(s) and utilize these online applications for distance-based, virtual program purposes. Please be aware that each application collects different information about its users and has its own privacy terms and conditions to which members must adhere and which parish or diocese cannot control or assume responsibility. Please review these carefully before registering your child.

Our commitment to keeping the children and youth we serve safe is always our number one priority. To that end, we will actively monitor participant activity. All online activities contemplated hereunder must also comply with the Diocese of San Jose Safe Environment and Technology Policies including the Code of Conduct guidelines and the Diocesan Social Media policy.

Below, please find your AUTHORIZATION, CONSENT AND RELEASE FOR SOCIAL MEDIA OR OTHER ELECTRONIC COMMUNICATION INVOLVING MINORS FORM.

I, _____, am the parent or legal guardian of _____.
Full Name of Parent/Legal Guardian Full Name of Minor

I have received and reviewed the Diocese of San Jose Safe Environment and Technology Policies including the Code of Conduct guidelines and the Diocesan Social Media policy.

I understand that I will have access to everything provided to my child, be made aware of how social media is being used, and be told how to access the sites.

I authorize and consent to the Parish Catechetical Leader and the assigned team leader(s) of the Parish to communicate with my child electronically, including via social media, text, email, phone and video conferencing tools (e.g. Zoom) in accordance with the program(s). In some instances, I am aware that recording may be necessary and under prior notification I consent for my child(ren) to be photographed and/or videotaped during this class/program.

I acknowledge that to review or receive public communications shared via social media with my child, I will need to become a fan or follower of the same social media (for parishes/schools using these tools). I understand that communications or posts may be accessible or viewable by others who are also fans or followers of the same social media.



I understand that without this consent my child will not be able to participate in the virtual programming.

If I choose to rescind my authorization and consent provided herein, I agree that I will inform the Parish listed above in writing and that my rescission will not take effect until it is acknowledged by the Parish.

I understand, however, that it may not be possible to recall any work, photos or videos that have been published as part of the program(s) prior to receipt of my written rescission.

I have read this Consent and Release Form and have had the opportunity to consider its terms and understand them. I verify that I have read and voluntarily agree to the terms and conditions of the Consent and Release Form – Virtual Media for Children & Youth from the Diocese of San Jose.

I further hereby hold harmless, release and forever discharge the Diocese of San Jose and its employees, agents, licensees and legal representatives from, and shall indemnify them against, all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators or any other person(s) acting on my behalf or on behalf of my estate have or may have by reason of my Child's participation in the program(s) and through my authorization, consent and release herein.

I have read this Consent and Release Form, I fully understand it, and I voluntarily agree to be bound by its terms. I represent and certify that I am the parent or legal guardian of the minor.

I Agree Yes _____ or No _____

Parent/Legal Guardian Name (REQUIRED): _____

Email (REQUIRED): _____

Telephone (REQUIRED): _____

Address (REQUIRED): _____

City (REQUIRED): _____

State: CALIFORNIA

CHILDREN'S CATECHETICAL MINISTRY (CCM)

Welcome to St. Martin of Tours Children's Catechetical Ministry (CCM). CCM is our parish religious education program for children and the process through which children prepare for the Sacrament of Eucharist.

SESSION ATTENDANCE REQUIREMENTS:

- Children should attend all the weekly sessions. In the event of personal illness or family emergencies, please inform the Catechetical Director of the student's absence as soon as possible. Please also inform the Catechetical Director of any anticipated absences, and a valid reason for the absence.
- Families must attend the Family Faith Nights indicated in the calendar.

REGULAR SUNDAY MASS PARTICIPATION

- The Sunday Eucharist is the source and summit of our Catholic faith and the foundation of the Christian life. Through the celebration of the Mass, we encounter Jesus in His Word and in the Eucharist, grow together as the Body of Christ, and are strengthened to live as His disciples. **Regular participation in Sunday Mass is an essential part of your child's faith formation and spiritual growth.**
- Parents are the primary educators of their children in the faith. As part of your child's faith formation, **we ask every family to faithfully participate in Sunday Mass throughout the year.** Catechetical classes help children learn about God and the teachings of the Catholic Church, but it is through regular participation in the Sunday Eucharist that their faith is lived, nourished, and strengthened. By worshipping together each week, families help their children develop a lifelong relationship with Jesus and a deeper love for His Church.

REQUIRED SAFE ENVIRONMENT SESSION:

Every child, K to 12th grade who participates in the parish faith formation program is required to attend a VIRTUS Catholic Safe Environment session. These lessons focus on age-appropriate discussion of safe & unsafe touches, safe and unsafe secrets and how to protect themselves from uncomfortable and potentially unsafe situations. If parents do not wish for their child to participate in the safe environment session, a parent must complete and submit a Parent Opt-Out form.

Please refer to the session calendar for the date of the session.

2026-2027 Children's Catechetical Ministry (CCM) Schedule (Wednesdays 4:00-5:15 PM)

September

20 Parents Orientation (Required) 3:30-4:30 PM, Church
30 Class Session

October

7 Class Session
14 Class Session
21 Class Session
28 Class Session

November

4 Class Session
15 Virtus Safety Session (Optional with opt-out form) 3:30-4:30 PM
details TBD

December

2 Family Faith Night (Required) 6:00 PM onwards, details TBD,
No Wednesday in-class session
10 First Reconciliation Service (Required) 6:00 PM in Church

16 Class Session

January

6 Class Session
13 Class Session
20 Class Session
27 Class Session

February

3 Class Session
10 Ash Wednesday Mass at 7 PM – No in-class session
24 Class Session

March

3 Class Session

10 Family Faith Night (Required) 6:00 PM onwards, details TBD

No Wednesday in-class session

17 Class Session

24 Class Session

April

7 Class Session

14 Class Session

21 Class Session

May

5 Year End Gathering (details TBD)

