



Dear First Eucharist Family,

Warm greetings! Hope you are all doing well.

As the new school year begins, it is a special time for many families to consider registering their children for the parish First Eucharist preparation process. This is a joyful and meaningful step in your child's faith journey, as we prepare them to receive the Sacrament of the Eucharist for the first time, which is a central and sacred part of our Catholic faith.

Children ages 7 and above, baptized in the Catholic faith, are encouraged to participate.

To enroll your child, families must complete the registration and submit the required forms by September 15. The Parent Orientation will take place on Sunday, September 20 from 3:30 PM to 4:30 PM in the church, where we will share important details about the preparation process, requirements, and calendar of events.

If you have any questions before then, feel free to reach out to me by email or phone. My contact information is included below.

We wish you and your family a wonderful and successful school year. Thank you, and I'm looking forward to a blessed and enriching year together. I'll be keeping you posted with more updates soon.

Take care and God bless,
Ed

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Ed Ibarra  
Catechetical Director  
Email: [eibarra@stmartin.org](mailto:eibarra@stmartin.org)  
Phone: (408) 294-8953 ext. 321



For office use:

Paid: \_\_\_\_\_ Check # \_\_\_\_\_

Date: \_\_\_\_\_

**St Martin of Tours First Eucharist Registration Form  
(Parish Youth)  
2026-2027**

Write full name of child as it appears on the baptismal certificate

First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Grade in September 2026 \_\_\_\_\_

Address: \_\_\_\_\_

Date of baptism: \_\_\_\_\_ Parish of baptism: \_\_\_\_\_

Address: \_\_\_\_\_

**\*Proof of Catholic baptism is required for the Sacrament of First Eucharist. Please submit a copy of your child's baptism certificate. If child is baptized in St. Martin of Tours, no need to submit the certificate.**

Did the student participate in a faith formation program last year? Yes/No

Name of parish or school of participation: \_\_\_\_\_ (If participation was at another parish or school, a confirmation of participation from the parish or school must be submitted to the Faith Formation office.)

Father's name: \_\_\_\_\_ Catholic: Yes/No

Best phone number to contact: \_\_\_\_\_ E-mail: \_\_\_\_\_

Mother's name: \_\_\_\_\_ Mother's maiden name: \_\_\_\_\_

Catholic: Yes/No

Best phone number to contact: \_\_\_\_\_ E-mail: \_\_\_\_\_

Does your child have any special needs -Medical, Learning Disabilities, Physical Disabilities, etc:

\_\_\_\_\_

Known allergies: \_\_\_\_\_

**\* Please complete the attached Participant Waiver Form**

## 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 of this student, 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 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 RELEASE

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 potential content creation. These platforms may include but are not limited to Zoom, GoToMeeting, Google Classroom, Facebook, YouTube, etc. The attached Virtual Parental 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 Virtual Consent form, sign, and submit with this registration.**

## REGISTRATION FEE AND DEADLINE

**Registration fee:** \$185 per child

The registration, all the required forms, and the fee must be submitted to Faith Formation at the parish office by **September 15, 2026**. The parish 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 "First Eucharist" and your child's name on the memo.

## CHECKLIST

\_\_\_\_\_ **Baptism certificate** (must be submitted if your child was not baptized at St. Martin of Tours.)

\_\_\_\_\_ **Participation Program Waiver Form**

\_\_\_\_\_ **Virtual Parental Consent Form**

\_\_\_\_\_ **Parish letter confirming faith formation participation for last year** (if applicable)

\_\_\_\_\_ **Registration fee**

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

Email: [eibarra@stmartin.org](mailto:eibarra@stmartin.org)

Phone: (408) 294-8953 Ext. 321



Faith Formation  
Growing to be more like Jesus



## **Participant Activity Waiver Form**

### General Liability

| Parish/School/Location Information                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                   |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|
| Location Name:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Location #:       |
| Location Address:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Telephone:        |
| Contact Name:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Facsimile:        |
| <b>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, <a href="mailto:SUZANNE.BALISTRERI@DSJ.ORG">SUZANNE.BALISTRERI@DSJ.ORG</a> WITHIN 24 HOURS. A NEW WAIVER MUST BE FILLED OUT, SIGNED AND KEPT ON FILE ANNUALLY.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                   |
| 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.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                   |
| <p>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.</p> <p>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.</p> |                   |

*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

## Sacrament of Eucharist Preparation Requirements

### St. Martin of Tours

*"When you have received Holy Communion close your bodily eyes so that you may open the eyes of your soul. Then look upon Jesus in the center of your heart." Saint Teresa of Avila*

#### Those who are being prepared for the sacrament of Eucharist for the first time:

- A. Must have attained the age of reason. (**Age 7**)
- B. Must provide a copy of their baptismal certificate.

#### Session Attendance Requirements:

- St. Martin of Tours school children will prepare for the Sacrament of the Eucharist during their Religion classes. Please follow the school's attendance policy.
- Children who are preparing through the parish CCM (Children's Catechetical Ministry) program must attend all weekly sessions.
- Families must attend the Family Faith Nights, and other events indicated on the calendar.
- 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.

#### Regular Sunday Mass Participation

- The Sunday Eucharist is the source and summit of our Catholic faith and the foundation of your child's preparation for First Holy Communion. 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 preparation for First Holy Communion.**
- Parents are the primary educators of their children in the faith. As part of your child's sacramental preparation, **we ask every family to faithfully participate in Sunday Mass throughout the year.** Faith Formation classes prepare children to receive the sacraments, but it is through regular participation in the Sunday Eucharist that their faith is lived, nourished, and strengthened, helping them grow in their relationship with Jesus and preparing them to receive Him in Holy Communion.

### **Sacrament of First Reconciliation:**

- According to the Catechism of the Catholic Church, “Children must go to the sacrament of Penance before receiving Holy Communion for the first time.” **(CCC 1457) – Students are required to participate on their First Reconciliation celebration.**

### **Required Safe Environment Session:**

- Every child, K to 12<sup>th</sup> grade, who participates in the parish faith formation program is required to attend a VIRTUS® Catholic Safe Environment session.
- St. Martin of Tours School children will receive training in their classrooms.
- For students attending our Parish Sacramental Prep Classes on our Wednesday afternoon CCM sessions, you will find the session in your calendar. If you do not wish for your child to participate in this session, you must complete and submit the Parent Opt Out form, which will be distributed during the Parent Orientation Day.

### **Books provided by our parish:**

**God’s Gift – Reconciliation** (Loyola Press)

**God’s Gift – Eucharist** (Loyola Press)

## **2026-2027 First Reconciliation and First Eucharist Sessions (STM Second Grade Classroom)**

### **September**

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

29      Class - **God's Gift: Reconciliation Book** - Chapter 1: God Calls Us Friends

### **October**

13      Class - Chapter 2: Jesus Saves Us

20      Class - Chapter 3: Jesus Forgives Us

27      Class - Chapter 4: Jesus Heals Us

### **November**

3      Class - Chapter 5: The Holy Spirit Guide Us

10      Class - Go over "Act of Contrition" Prayer and My Reconciliation Booklet  
("Individual Rite of Reconciliation")

### **December**

**2**      **Family Faith Night (Required) 5:00 PM onwards, details TBD**

**10**      **First Reconciliation Service (Required) 5:00 PM in Church**

15      Class - Chapter 6: God Is Always With Us

### **January**      **God's Gift: Eucharist Book**

12      Class - Chapter 1: Belonging

19      Class - Chapter 2: Gathering

26      Class - Chapter 3: Reflecting

### **February**

2      Class - Chapter 4: Listening

9      Class - Chapter 5: Preparing

23      Class - Chapter 6: Remembering

## March

|    |                                                                      |
|----|----------------------------------------------------------------------|
| 2  | Class - Chapter 7: Receiving                                         |
| 10 | <b>Family Faith Night – (Required) 5:00 PM onwards, details TBD)</b> |
| 16 | Class - Chapter 8: Journeying                                        |
| 23 | Class - Tour of the church                                           |

## April

|    |                                                                                    |
|----|------------------------------------------------------------------------------------|
| 6  | Class – My Own Mass Booklet                                                        |
| 20 | Review and Preparations for First Holy Communion Mass                              |
| 25 | <b>First Communion Mass Rehearsal in the church (Required) 2:00 PM details TBD</b> |

## May

|   |                                                                  |
|---|------------------------------------------------------------------|
| 1 | <b>First Holy Communion Mass (Required) 10:00 AM details TBD</b> |
|---|------------------------------------------------------------------|

