



## ST. BARTHOLOMEW PARISH COMMUNITY

600 Columbia Drive, San Mateo, CA 94402

(650) 347-0701 ■ (650) 347-2429 Fax

<http://www.barts.org>

*Rachael Smit*

Rachael@barts.org

August 3, 2017

Dear Families,

I hope you and your family have enjoyed a wonderful summer vacation. I'm sure that you are all busy getting ready for "back to school," and here we are looking forward to the start of Faith Formation as well. Included with this letter is a confirmation of your children's enrollment in Faith Formation classes for the 2017-2018 school year, a Calendar of all events and a Checklist/Waiver form.

***Please note: This year, we are beginning an on-line registration process that is outlined on the attached registration checklist and waiver.*** In the attached paperwork, if your child is listed as "Unregistered," you will need to fill out the separate **on-line Registration form for NEW STUDENTS.** For all returning student(s), please fill out the **on-line form for RETURNING STUDENTS.** Both are found at [www.barts.org/Faith-Formation](http://www.barts.org/Faith-Formation).

This webpage also contains documents with more information on the program and its requirements, which include:

- On-line Registration at [www.barts.org/new-registration](http://www.barts.org/new-registration) (FOR ALL NEW STUDENTS)
- On-line Registration at [www.barts.org/returning-registration](http://www.barts.org/returning-registration) (FOR ALL RETURNING STUDENT(S))
  - by **Tuesday, August 31st, 2017.**
- Check for program tuition. Please note that there will be a **\$50 late fee for Registrations and/or checks** received after **Tuesday, August 31st, 2017.**
- Catechetical Sunday and Welcome Mass at **9:30am on September 17<sup>th</sup>.**
- Attendance at Weekly Mass especially at the listed monthly Family Masses.

As always, our primary goal is to provide Faith Formation for every child in the parish. If tuition is a burden at this time, please contact me regarding our scholarship assistance program and/or setting up a payment plan (monthly, quarterly, etc.)

If you have another student joining the program at any grade level, if you need to change your assigned day, or if you are no longer planning to participate, please contact me as soon as possible. This information is very important as we recruit and assign volunteer catechists and arrange for classrooms. As you finalize your child's afterschool activity schedule, we will do our best to accommodate any changes of day that need to be made. For your convenience, the full year schedule is listed on the reverse.

Our families are such a sign of life and joy in the parish; we look forward to seeing your family celebrating the Sunday Liturgy at St. Bart's, and seeing you again when Faith Formation begins in September.

If you have any questions about the registration process or about the requirements of the program, or if you need further assistance please contact our Faith Formation Administrator, at (650) 347-0701, ext. 214 or [ingrid@barts.org](mailto:ingrid@barts.org).

God Bless,  
Rachael Smit  
Director of Religious Education

## 2017-2018 Elementary and Middle School Faith Formation Schedule

*EFF (1<sup>st</sup>-5<sup>th</sup>) – Tuesday and Wednesday 4-5:15 p.m.*  
*MFF (6<sup>th</sup>-7<sup>th</sup>) – Tuesday 4-5:15 p.m. or Wednesday 7-8:15 p.m.*  
*Confirmation I (8<sup>th</sup> Grade+) – Wednesday 7-8:15 p.m.*

9/17		<b>Catechetical Sunday and Welcome Mass at 9:30 a.m.</b>
9/19	- 9/20	<b>First Week of Classes for EFF, MFF &amp; Conf. I</b>
9/26	- 9/27	EFF/MFF/Conf. I Sessions
10/3	- 10/4	EFF/MFF/Conf. I Sessions
10/10	- 10/11	EFF/MFF/Conf. I Sessions
10/17	- 10/18	<b>San Mateo Schools Fall Break – No Classes</b>
10/24	- 10/25	EFF/MFF/Conf. I Sessions
10/29		<b>Family Mass at 9:30 a.m.</b>
10/31	- 11/1	EFF/MFF/Conf. I Sessions
11/7	- 11/8	EFF/MFF/Conf. I Sessions
11/14	- 11/15	EFF/MFF/Conf. I Sessions
11/21	- 11/22	<b>Thanksgiving Holiday – No Classes</b>
11/26		<b>Family Mass at 9:30 a.m.</b>
11/28	- 11/29	EFF/MFF/Conf. I Sessions
12/5	- 12/6	EFF/MFF/Conf. I Sessions
12/10		<b>Family Mass at 9:30 a.m.</b>
12/12	- 12/13	EFF/MFF/Conf. I Sessions
12/19	- 1/3	<b>Christmas &amp; New Year's Break (Three Weeks)</b>
1/9	- 1/10	EFF/MFF/Conf. I Sessions
1/16	- 1/17	EFF/MFF/Conf. I Sessions
1/21		<b>Family Mass at 5:30 p.m.</b>
1/23	- 1/24	EFF/MFF/Conf. I Sessions
1/30	- 1/31	EFF/MFF/Conf. I Sessions
2/6	- 2/7	EFF/MFF/Conf. I Sessions
2/11		<b>Family Mass at 11:15 a.m.</b>
2/13	- 2/14	EFF/MFF/Conf. I Sessions – Ash Wednesday Service on 2/14 at 4:45 p.m.
2/20	- 2/21	<b>President's Day/Ski Week Holiday – No Classes</b>
2/27	- 2/28	EFF/MFF/Conf. I Sessions
3/6	- 3/7	EFF/MFF/Conf. I Sessions
3/13	- 3/14	EFF/MFF/Conf. I Sessions
3/20	- 3/21	EFF/MFF/Conf. I Sessions
3/25		<b>Family Mass at 9:30 a.m.</b>
3/27	- 3/28	EFF/MFF/Conf. I Sessions
4/3	- 4/11	<b>Spring Break (Two Weeks)</b>
4/17	- 4/18	EFF/MFF/Conf. I Sessions – Easter is April 1st
4/24	- 4/25	EFF/MFF/Conf. I Sessions
5/1	- 5/2	EFF/MFF/Conf. I Sessions
5/8	- 5/9	<b>Sending Forth – Last Week of Classes</b>
5/13		<b>May Crowning and End of Year Family Mass at 9:30 a.m.</b>

**EFF/MFF/CONFIRMATION I REGISTRATION CHECKLIST AND WAIVER**  
**Please fill out with items list below and return by August 31<sup>st</sup>, 2017**

Parent Name \_\_\_\_\_  
 (last) (first)

Child Name \_\_\_\_\_  
 (last) (first)

Phone Number \_\_\_\_\_

	Checklist	Check
1	On-line EFF/MFF/ Confirmation I Medical Waiver/ Registration ( <a href="http://www.barts.org/new-registration">www.barts.org/new-registration</a> or <a href="http://www.barts.org/returning-registration">www.barts.org/returning-registration</a> )	
2	Check for program tuition (unless prior arrangements have been made.) <ul style="list-style-type: none"> <li>• \$300 for one child</li> <li>• \$400 for two children</li> <li>• \$500 for three children plus               <ul style="list-style-type: none"> <li>• <b>\$350, \$450 and \$550 for late payments received after August 31st, 2017</b></li> </ul> </li> </ul>	
3	Copy of Baptismal and First Eucharist Certificate <b>(ONLY IF YOUR CHILD IS NEW TO ST BARTHOLOMEW'S FAITH FORMATION PROGRAM AND HAS COMPLETED THE SACRAMENTS LISTED ABOVE)</b>	
4	Signed EFF/MFF Confirmation I waiver below	
<b>TOTAL AMOUNT ENCLOSED</b>		\$

I (we), the undersigned parent(s) or guardian(s) of the participant listed above, give my (our) permission for him/her to participate in any and all activities sponsored and/or organized by St. Bartholomew's Church during the 2017/2018 year. I (we) hereby direct my (our) child to conform with the directions of parish personnel responsible for the activity.

I (we) hereby authorize the Director of Religious Education and/or their associates who provide transportation or supervisory support, as my (our) agents. This authorization empowers the agent(s) to consent to any x-ray examination, anesthetic, medical, surgical, or dental diagnosis, treatment, or hospital care which is deemed advisable by and is rendered under the supervision of any licensed physician, surgeon, or dentist. It is understood that the aforesaid agent(s) will make every effort to contact us in case of emergency prior to authorizing such treatment. This authorization is given pursuant to the provisions of section 25.8 of the Civil Code of California.

I (we) are not aware of any medical condition of my (our) child which would render it unsafe for my (our) child to participate in any of the activities my (our) child attends.

It is understood that I (we), as permitted by law, waive, release and discharge any and all claims for damages for death, personal injury, loss or property damage which I (we) may have against the Roman Catholic Archbishop of San Francisco, A Corporate Sole, his designees and associates and St. Bartholomew Church as a result of his/her participation in these events, including transportation to and from the activity, whether or not caused by the negligence (active or passive) of St. Bartholomew Youth Ministry, St. Bartholomew's Faith Formation Program, the Archdiocesan Youth activities program or any of its agents or employees. Recourse for the payment or any resulting hospital, medical, dental or related costs will first be had against any accident, hospital or medical insurance, or any other benefit plan of mine or my spouse.

Signature

Parent Signature: \_\_\_\_\_  
 Date: \_\_\_\_\_