

# SAINT MONICA – SAINT THOMAS THE APOSTLE PARISH

Saint Monica Church  
Geary Boulevard & 23<sup>rd</sup> Avenue

Saint Thomas the Apostle Church  
Balboa Street & 40<sup>th</sup> Avenue

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## PARISH SCHOOL OF RELIGION – FAITH FORMATION PROGRAM

Dear Parents,

Thank you for participating in our Faith Formation Program. This is a blessed opportunity for your child to grow in their faith and prepare for the Sacraments, and we are grateful that you are making this possible for them. Classes will be held every Sunday morning at St. Thomas the Apostle Church, beginning with Mass at 9:00 am, followed by class instruction until 11:00 am.

Mass is integral to the class preparation for the reception of the sacraments of Reconciliation, Holy Eucharist, and Confirmation. We ask that you attend each week and sit in the front rows, assisting your child with prayers and participation in the Mass using their Mass book, which we will provide.

The class curriculum includes instructions on prayer, understanding the Mass, the lives of the Saints, liturgical seasons, Catholic feast days, and, of course, Sacramental preparation. Students in K-8 attending private, public, or Catholic schools are welcome to participate in our program, taught by our dedicated catechists.

We are honored to support you in sharing God's truth and love with your family. You are the primary educators of your child in the Catholic Faith. We offer you our assistance and encourage you to take an active role in your child's Catholic education. Discuss with them what they are learning and allow this program to bless your entire family.

Please complete the attached Registration Form, and return it by mail to Father Ben Rosado, 470 24<sup>th</sup> Avenue, San Francisco, CA 94121, or put it in the Sunday collection basket addressed to him.

\$75.00 Registration Fee per student.

For additional information or questions, don't hesitate to get in touch with Father Ben by email at [pastor@smstaparishsf.org](mailto:pastor@smstaparishsf.org).

Sincerely yours in Christ,

*Rev. Ben Rosado*

Father Ben Rosado

St. Monica – St. Thomas the Apostle Parish Office

[parishoffice@smstaparishsf.org](mailto:parishoffice@smstaparishsf.org)

470 24<sup>th</sup> Avenue San Francisco, CA 94121

Parish Telephone: (415) 751-5275

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## PARISH SCHOOL OF RELIGION – FAITH FORMATION PROGRAM 2025-2026 CLASS SCHEDULE 9:00 am – 11:00 am

### SEPTEMBER 2025

21 Mass and Class  
28 Mass and Class

### January 2026

4 Mass and Class  
11 Mass and Class  
18 Mass and Class  
25 Mass and Class

### OCTOBER 2025

5 Mass and Class  
12 Mass and Class  
19 Mass and Class  
26 Mass and Class

### February 2026

1 Mass and Class  
8 Mass and Class  
15 Mass and Class  
22 Mass and Class

### NOVEMBER 2025

2 Mass and Class  
9 Mass and Class  
23 Mass and Class  
**30 No Class -Thanksgiving Weekend**

### March 2026

1 Mass and Class  
8 Mass and Class  
15 Mass and Class  
22 Mass and Class  
29 Mass and Class

### DECEMBER 2025

7 Mass and Class  
14 Mass and Class  
21 Mass and Class  
**28 NO CLASS - Christmas Holiday**

### April 2026

**5 NO Class – Happy Easter**  
12 Mass and Class  
19 Mass and Class  
26 Mass and Class

**You and your child/children are required to attend Mass weekly.**

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## **REGISTRATION FORM: 2025-2026** **Faith Formation/Parish School of Religion/CCD** **(Please print clearly)**

**Child's First and Last Name:** \_\_\_\_\_

**Grade in September 2025:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City/State & Zip:** \_\_\_\_\_

**Child's date of birth:** \_\_\_\_\_

### **SACRAMENT INFORMATION**

**Mark the Sacraments that your child has received:**

- ☐ **Baptism**
- ☐ **Reconciliation/Confession**
- ☐ **Holy Communion**
- ☐ **Confirmation**

**Date of Baptism:** \_\_\_\_\_ **Church** \_\_\_\_\_ **City & State** \_\_\_\_\_

**PLEASE ATTACH A COPY OF YOUR CHILD'S BAPTISMAL CERTIFICATE**

### **FATHER'S CONTACT INFORMATION**

**First and Last Name:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_ **City/State & Zip:** \_\_\_\_\_

**Religion:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Occupation:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

### **MOTHER'S CONTACT INFORMATION**

**First and Last Name:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_ **City/State & Zip:** \_\_\_\_\_

**Religion:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Occupation:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_