

**Please Check:**  
 New Student     Returning Student

**ST. PAUL CATHOLIC CHURCH**  
**8720 Florin Road, Sacramento, CA 95828**  
**2016-2017 CATHOLIC FAITH FORMATION REGISTRATION FORM**

Date \_\_\_\_\_ Envelope # \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Gender: Male \_\_\_ Female \_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Birthplace \_\_\_\_\_

Baptismal Date \_\_\_\_\_ Church \_\_\_\_\_ Address \_\_\_\_\_

Father's Name \_\_\_\_\_ Home # \_\_\_\_\_ Cell # \_\_\_\_\_ Work # \_\_\_\_\_ Email \_\_\_\_\_

Mother's Name \_\_\_\_\_ Home # \_\_\_\_\_ Cell # \_\_\_\_\_ Work # \_\_\_\_\_ Email \_\_\_\_\_

Siblings: Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Marital Status: (check) Married: \_\_\_\_\_ Church: \_\_\_\_\_ Civil: \_\_\_\_\_ Widow/Widower: \_\_\_\_\_ Single Parent: \_\_\_\_\_ Divorced: \_\_\_\_\_

Guardian's Name \_\_\_\_\_ Home # \_\_\_\_\_ Cell # \_\_\_\_\_ Work # \_\_\_\_\_ Email \_\_\_\_\_

*(If Applicable)*

School Grade Level \_\_\_\_\_ School the Child is Enrolled In \_\_\_\_\_

CFF Grade Level \_\_\_\_\_ Class Day \_\_\_\_\_ Class Time \_\_\_\_\_ Catechist \_\_\_\_\_

**Registration Fees (Non- refundable):**

**\$ 95.00 Per Student** (Registered parishioners)

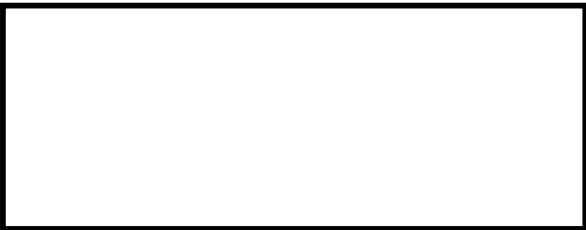
**\$ 110.00 Per Student** (Non-registered parishioners who are willing to register)

Catechist's Children 50% off

**Other Fees:**

Confirmation Fee (Including Retreat) = **\$70.00**

Communion Fee = **\$20.00**



**For CFF Use Only:**

Documents on File:

___ Baptismal Certificate	Date _____	Church _____	Place _____
___ First Reconciliation Certificate	Date _____	Church _____	Place _____
___ First Communion Certificate	Date _____	Church _____	Place _____

Registration Fee Paid: Amount \_\_\_\_\_ Cash \_\_\_\_\_ Check # \_\_\_\_\_ Receipt # \_\_\_\_\_

CFF Registration Staff: Name \_\_\_\_\_ Date \_\_\_\_\_

**EMERGENCY HEALTH INFORMATION**

In the absence of parents:

Second contact will be (Relative, Friend, Neighbor) \_\_\_\_\_ Phone # \_\_\_\_\_

Residency Requirement: (Circle One) I am the above child's parent, relative, legal guardian, or foster parent.

Foster Parent License Number: \_\_\_\_\_

Child's Allergies to Drugs or Food: \_\_\_\_\_

Medication Currently Taking: \_\_\_\_\_

Time and Dosage of Medicine: \_\_\_\_\_

Last Tetanus Shot (Month/Year): \_\_\_\_\_

Please state any health and/or learning concerns that your child has that is important for the catechist to know: (such as seizures, asthma, allergies, visual or hearing disabilities, attention deficit, hyperactivity disorder (ADHD) difficulty reading or writing, short attention span etc.) \_\_\_\_\_

Please indicate desired action in the event of an accident or emergency. (Circle #1 or #2)

- In the event of accident or other emergency: When parent is unavailable, I hereby authorize a representative of St. Paul Church to make such arrangements as he/she considers necessary for my child to receive medical or hospital care, including transportation. Under such circumstances, I further authorize the physician named below to undertake such care and treatment of my child as he/she considers necessary. In the event the physician is not available at that time, I authorize such care treatment to be performed by any licensed physician or surgeon. The undersigned hereby agrees to bear any costs incurred as a result of the foregoing.

_____	_____	_____	_____
Medical Insurance Company	Medical Record	Physician's Name	Physician's Phone

- I do not choose the above statement and desire the following action instead: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

Parent/Guardian Signature