

Please Check:
 New Student Returning Student

ST. PAUL CATHOLIC CHURCH
8720 Florin Road, Sacramento, CA 95828
2015-2016 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):

Other Fees:

\$ 95.00 Per Student (For registered parishioners at least the last 6 months) **Confirmation Fee** (Including Retreat) = \$70.00

\$ 110.00 Per Student (For non-registered parishioners who are willing to register) **Communion Fee** = \$20.00

Catechist's Children 50% off



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)

1. 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

2. I do not choose the above statement and desire the following action instead: _____

_____ Date: _____
 Parent/Guardian Signature