

### St. Catherine of Siena Faith Formation Registration

Information provided on this form will be used to record Sacrament(s) into the Parish Registry.

Information provided should be as shown on birth certificate.

Please Print Clearly

**STUDENT:**

Circle: **Male** **Female**

Name:

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

Address:

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

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

City/State/Country of Birth: \_\_\_\_\_

mm/dd/yy

City

State

Country

Student Resides with

Mother

Father

Both

Guardian

Primary language of Student \_\_\_\_\_

Primary language of Parents \_\_\_\_\_

**FATHER:**

First

Last

**MOTHER:**

First

Last

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

Maiden Name: \_\_\_\_\_

City, State Zip \_\_\_\_\_

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

Home Phone: \_\_\_\_\_

City, State Zip: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Family Email: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

**GUARDIAN:**

Name

Address

Relationship

Home phone

Work phone

Cell phone

**SCHOOL:**

Name of School: \_\_\_\_\_

2011/2012 School Year Grade: \_\_\_\_\_

Did student attend Faith Formation Class last year? Yes / No

Where? \_\_\_\_\_

Verification of attendance will be required if other than St. Catherine Parish

**SACRAMENTS:**

Has child been **BAPTIZED**?

No

Yes

on \_\_\_\_\_

Date (mm/dd/yy)

verified by \_\_\_\_\_

St. Catherine of Siena Parish, Martinez, CA, USA

Pg/# \_\_\_\_\_

Other: \_\_\_\_\_

Name of Parish

City, State

Country

Copy of Baptism Certificate **MUST** be attached to this registration.

Has child received **1<sup>st</sup> COMMUNION**?

No

Yes

on \_\_\_\_\_

Date (mm/dd/yy)

verified by \_\_\_\_\_

St. Catherine of Siena Parish, Martinez, CA, USA

Pg.# \_\_\_\_\_

Other: \_\_\_\_\_

Name of Parish

City, State

Country

Copy of 1<sup>st</sup> Communion Certificate **MUST** be attached to this registration.

**For Office Use Only**

Fees: \$85 one child / \$125 for two or more siblings

Amount Paid \$ \_\_\_\_\_

Cash

\$25 Sacrament Fee (1st Comm/Confirm) per child

Date \_\_\_\_\_

Check No. \_\_\_\_\_

Date entered on computer \_\_\_\_\_

Money Order