

# The Catholic Community of Pleasanton

## 2008/2009 Faith Formation Registration

Parent(s)/Guardian(s) Last Name \_\_\_\_\_

(Please Print)

Registration # \_\_\_\_\_

Access # \_\_\_\_\_

(office use only)

Parent/Guardian (with whom the child resides):

Father: _____	Religion: _____	Bus. Phone: (____) _____	ext _____	Marital Status: _____
Mother: _____	Maiden Name: _____	Religion: _____	Bus. Phone: (____) _____	ext _____
Address: _____		Zip: _____	Home Phone: (____) _____	
Cell Phone: _____	<b>EMAIL ADDRESS:</b>			
	(Required)		(PLEASE PRINT CLEARLY)	

Non-Resident Parent (if applicable):

Name: _____	Religion: _____	Bus. Phone: (____) _____	ext _____	Marital Status: _____
Address: _____		Zip: _____	HomePhone: (____) _____	

**\*Please List All Children That You Are Registering In The Program**

Child's First/Last Name	M/F	Date of Birth	School	Grade Sept/08	Baptized? Baptized?	Baptized @ CCOP?*	Has the Child Received Their:			Sacrament Code	Class Code
							1st Eucharist? (Communion)	1st Reconciliation? (Confession)	Confirmation?		
1					Yes / No	Yes / No	Yes / No	Yes / No	Yes / No		
2					Yes / No	Yes / No	Yes / No	Yes / No	Yes / No		
3					Yes / No	Yes / No	Yes / No	Yes / No	Yes / No		
4					Yes / No	Yes / No	Yes / No	Yes / No	Yes / No		
5					Yes / No	Yes / No	Yes / No	Yes / No	Yes / No		

(office use only)

\*If no, a copy of your child's/children's baptismal certificate must be on file in the Faith Formation Office

Were you previously registered in the Faith Formation Program? Yes / No

If not, have the children attended a religious education program elsewhere? Yes / No      Where? (Program Name and Location) \_\_\_\_\_

**For Office Use Only**

Total Tuition Due \_\_\_\_\_ Tuition Pd. \_\_\_\_\_ Outstanding Balance \_\_\_\_\_ Check # \_\_\_\_\_ Cash \_\_\_\_\_  
 Catechist Waiver \_\_\_\_\_ Cat. Class Code \_\_\_\_\_ Financial Aid Waiver \_\_\_\_\_

Payment is due at the time of registration. Please make checks payable to The Catholic Community of Pleasanton (C.C.O.P.)