

# The Catholic Community of Pleasanton

## 2010/2011 Faith Formation Registration

Date Registered: \_\_\_\_\_  
 Access # \_\_\_\_\_  
 (office use only)

FAMILY LAST NAME \_\_\_\_\_

(Please Print)

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: \_\_\_\_\_  
**EMAIL ADDRESS\*:** \_\_\_\_\_ Cell Phone \_\_\_\_\_  
 \*Email is the main way we communicate with you, through individual program and newsletter formats. We do not publish or share your email address.

Non-Resident Parent (if applicable):

Name: \_\_\_\_\_ Religion: \_\_\_\_\_ Bus. Phone: \_\_\_\_\_ ext \_\_\_\_\_ Marital Status: \_\_\_\_\_  
 Address: \_\_\_\_\_ Zip: \_\_\_\_\_ Home Phone: \_\_\_\_\_

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

Child's First/Last Name	M/F	Date of Birth	School	Grade Sept/10	Baptised Yes/No	Has the Child Received Their:			Sacrament Code	Class Code
						1st Eucharist? (Communion) Yes/No	1st Reconciliation? (Confession) Yes/No	Confirmation Yes/No		
1										
2										
3										
4										
5										

(office use only)

Have the children attended a religious education program elsewhere? Yes \_\_\_\_\_ No \_\_\_\_\_ Where? (Program Name and Location) \_\_\_\_\_

**For Office Use Only**  
 Tuition Fee \_\_\_\_\_ Sacrament Fee \_\_\_\_\_ Total Due \_\_\_\_\_ Tuition Pd. \_\_\_\_\_ Balance Due \_\_\_\_\_ Check # \_\_\_\_\_ Cash   
 Catechist Waiver  Waiver \$ \_\_\_\_\_ Program \_\_\_\_\_ F.A. Requested  F.A. Approved  F.A. Amount \_\_\_\_\_

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

**\*It is presumed that registered families are using weekly envelopes, as parish funds greatly supplement Faith Formation Programs**