

The Catholic Community of Pleasanton

2011/2012 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: _____
 (Required) (PLEASE PRINT CLEARLY)

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/11	Baptized?	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		
2					Yes / No	Yes / No	Yes / No	Yes / No		
3					Yes / No	Yes / No	Yes / No	Yes / No		
4					Yes / No	Yes / No	Yes / No	Yes / No		
5					Yes / No	Yes / No	Yes / No	Yes / No		

(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

Diocese of Oakland – Faith Formation Program
Parental Permission/Health Authorization Form - 2011/2012

Student _____ Grade _____ Birthdate _____

Student _____ Grade _____ Birthdate _____

Student _____ Grade _____ Birthdate _____

Student _____ Grade _____ Birthdate _____

Student _____ Grade _____ Birthdate _____

Parents/Guardians _____ Home Phone _____

Address _____ Work Phone _____ ext _____

Persons other than parents authorized to be notified and/or to pick up my/our child(ren) in case of emergency:

Name: _____ Phone _____

Name: _____ Phone _____

Name: _____ Phone _____

I/We, parents/guardians of the above named child(ren) hereby give our permission for their participation in any and all Faith Formation/Youth Ministry activities. I/We agree to direct child(ren) to cooperate/conform with directions/instructions of Faith Formation/Youth Ministry personnel responsible for Faith Formation/Youth Ministry activities. I/We agree that in the event my/our child(ren) are injured as a result of their participation in Faith Formation/Youth Ministry activities, including transportation to/from these activities, whether or not caused by the negligence of the parish Faith Formation/Youth Ministry program, or any of its agents or employees, recourse for payment of any resulting hospital, medical or related costs and expenses will first be had against any accident, hospital or medical insurance, or any available benefit of mine/ours.

In the event we cannot be reached in an emergency, I/We give permission for my child(ren)/s teacher/adult leader to authorize by his/her signature whatever medical treatment may be necessary by the attending physician for my/our child(ren). Yes _____ No _____

Parent/Guardian Signature(s): _____

Family Physician: _____ Phone _____

Address: _____ City/Zip _____

Medical Plan: _____ Plan # _____ Group _____

If you do not want medical care given to your child(ren), please state reasons: _____

Does any child have a medical problem? Name of Child _____

Nature of medical problem _____

Does any child have a disability? Name of Child _____

Nature of disability _____