

2021/2022 Faith Formation Registration



Date Registered: _____

Parish ID#: _____

FAMILY LAST NAME: _____

(Please Print)

Parent/Guardian (with whom the child resides):

Father: _____ Religion: _____ Bus Phone: () _____ Marital Status: _____

Mother: _____ Maiden Name: _____ Religion: _____ Bus. Phone: () _____

Address: _____ ZIP: _____ Home Phone: () _____

EMAIL ADDRESS*: _____ Cell Phone: () _____

(Required) (PLEASE PRINT CLEARLY) * *Email is the main way we communicate with you. We do not publish or share your email address.*

Non-Resident Parent (if applicable):

Father: _____ Religion: _____ Bus Phone: () _____ 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 /Sep '21	Baptized (Y/N)	Has The Child Received Their			Sacrament Code	Class Code
						1 st Eucharist (Communion)	1 st Reconciliation (Confession)	Confirmation		
					Yes / No	Yes / No	Yes / No	Yes / No		
					Yes / No	Yes / No	Yes / No	Yes / No		
					Yes / No	Yes / No	Yes / No	Yes / No		
					Yes / No	Yes / No	Yes / No	Yes / No		
					Yes / No	Yes / No	Yes / No	Yes / No		

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 Paid: _____ 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 - 2021/2022



Student: _____ Grade: _____ Birthdate: _____

Student: _____ Grade: _____ Birthdate: _____

Student: _____ Grade: _____ Birthdate: _____

Student: _____ Grade: _____ Birthdate: _____

Student: _____ Grade: _____ Birthdate: _____

Parents/Guardians: _____ Home Phone: _____

Address: _____ Work Phone: _____

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

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 any special needs (Learning Disabilities, Physical Disabilities, Medical) Please Circle: Yes No

Name of Child(ren): _____

Nature of special need (i.e. ADD, Diabetes, IEP at school, allergies, vision or hearing issues): _____