

# 2022/2023 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 We do not publish or share your email address.*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 '22	Baptized (Y/N)	Has The Child Received Their			Sacrament Code	Class Code
						1 <sup>st</sup> Eucharist (Communion)	1 <sup>st</sup> 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 - 2022/2023



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): \_\_\_\_\_