



Household **LAST** Name:  
\_\_\_\_\_

# Faith Formation 2009-2010 Registration Form - Forma de Inscripción

Instructions: Fill out Parent Information, Student Information and Books and Fees. Submit this form, a Medical Information form for each child and Check/cash to complete the registration

## FAMILY INFORMATION

Parent(s) Name: \_\_\_\_\_ Registered in the Parish? \_\_\_ Yes \_\_\_ No

Home Phone: (\_\_\_\_) \_\_\_\_\_

E-mail: \_\_\_\_\_

## STUDENT INFORMATION:

(4 yr old preschool thru 12<sup>th</sup> grade) / La informacion de Estudiante  
Must be 4 years of age by Oct 1, 2009

## Sacraments Received

First Name / Nombre <i>(Include Last Name only if different from Family name above.)</i>	Grade in Fall 2009 Grado en Otoño	Birth Date Nacimiento Month/Day/Year	Baptism	Reconciliation	Eucharist	Confirmation	Was this Student in Faith Formation Classes Last Year? YES or NO
1. _____	_____	____/____/____	____	____	____	____	____
2. _____	_____	____/____/____	____	____	____	____	____
3. _____	_____	____/____/____	____	____	____	____	____
4. _____	_____	____/____/____	____	____	____	____	____

## I want to help in the Faith Formation Program as a:

\_\_\_\_\_ Team Catechist in a grade. \_\_\_\_\_ Special Projects/Events \_\_\_\_\_ Youth Group Catechist  
 \_\_\_\_\_ Teacher's Aide in class. \_\_\_\_\_ Assist with Music \_\_\_\_\_ Youth Group Events

\_\_\_\_\_ I am interested in attending Adult Education sessions

## FEES:

Fee applies for First Eucharist/  
First Reconciliation and  
Confirmation only.

#students \_\_\_\_\_ X \$25 = \_\_\_\_\_

(Discount for catechists will be applied)  
See Bridget Becker to discuss scholarships.

**PLEASE SEE REVERSE SIDE**

# Photo Release:

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I hereby give my permission to St. Juan Diego Parish to use photographs and/or videos of the students(s) listed as deemed appropriate for the promotion of St. Juan Diego Parish.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

# Youth Group Contact Information:

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Communication with the youth is a critical component to having successful youth group events. If your youth has separate contact information please fill out the information below. Parents will be cc'd on all emails sent to the youth. Cell phone numbers will be used in emergencies and to notify youth of schedule information and changes.

Name of Youth: \_\_\_\_\_

Youth email: \_\_\_\_\_

Youth cell phone #: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_