

**ST PAUL CATHOLIC CHURCH**  
**8720 Florin Road, Sacramento, CA 95828**  
**2010-2011 CATHOLIC FAITH FORMATION REGISTRATION FORM**

Date \_\_\_\_\_ Envelope # \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Birthplace \_\_\_\_\_

Baptismal Date \_\_\_\_\_ Church \_\_\_\_\_ Address \_\_\_\_\_

Father's Name \_\_\_\_\_ Home # \_\_\_\_\_ Cell # \_\_\_\_\_ Work # \_\_\_\_\_ Email \_\_\_\_\_

Mother's Name \_\_\_\_\_ Home # \_\_\_\_\_ Cell # \_\_\_\_\_ Work # \_\_\_\_\_ Email \_\_\_\_\_

Marital Status: (check) Married: \_\_\_\_\_ Church: \_\_\_\_\_ Civil: \_\_\_\_\_ Widow/Widower: \_\_\_\_\_ Single Parent: \_\_\_\_\_ Divorced: \_\_\_\_\_

Guardian's Name \_\_\_\_\_ Home # \_\_\_\_\_ Cell # \_\_\_\_\_ Work # \_\_\_\_\_ Email \_\_\_\_\_  
(If Applicable)

School Grade Level \_\_\_\_\_ School the Child is Enrolled In \_\_\_\_\_

CFF Grade Level \_\_\_\_\_ Class Day \_\_\_\_\_ Class Time \_\_\_\_\_ Catechist \_\_\_\_\_

**Registration Fees (Non- refundable):**

- 1 Child \$75.00
- 2 Children \$125.00
- 3 Children \$160.00
- 4 Children \$200.00
- Catechist's Children 50% off
- Late Registration \$50.00

**Other Fees:**

- Confirmation Retreat = \$50.00
- Confirmation DVD/Photographer = \$50.00 (Subject to Change)
- First Communion DVD/Photographer = \$50.00 (Subject to Change)

**For CFF Use Only:**

Documents on File:

____ Baptismal Certificate	Date _____	Church _____	Place _____
____ First Reconciliation Certificate	Date _____	Church _____	Place _____
____ First Communion Certificate	Date _____	Church _____	Place _____

Registration Fee Paid: Amount \_\_\_\_\_ Cash \_\_\_\_\_ Check # \_\_\_\_\_ Receipt # \_\_\_\_\_

CFF Registration Staff: \_\_\_\_\_

**EMERGENCY HEALTH INFORMATION**

In the absence of parents:

Second contact will be (Relative, Friend, Neighbor) \_\_\_\_\_ Phone # \_\_\_\_\_

Residency Requirement: (Circle One) I am the above child's parent, relative, legal guardian, or foster parent.

Foster Parent License Number: \_\_\_\_\_

Child's Allergies to Drugs or Food: \_\_\_\_\_

Medication Currently Taking: \_\_\_\_\_

Time and Dosage of Medicine: \_\_\_\_\_

Last Tetanus Shot (Month/Year): \_\_\_\_\_

Please state any health and/or learning concerns that your child has that is important for the catechist to know: (such as seizures, asthma, allergies, visual or hearing disabilities, attention deficit, hyperactivity disorder (ADHD) difficulty reading or writing, short attention span etc.) \_\_\_\_\_

Please indicate desired action in the event of an accident or emergency. (Circle #1 or #2)

1. In the event of accident or other emergency: When parent is unavailable, I hereby authorize a representative of St. Paul Church to make such arrangements as he/she considers necessary for my child to receive medical or hospital care, including transportation. Under such circumstances, I further authorize the physician named below to undertake such care and treatment of my child as he/she considers necessary. In the event the physician is not available at that time, I authorize such care treatment to be performed by any licensed physician or surgeon. The undersigned hereby agrees to bear any costs incurred as a result of the foregoing.

_____	_____	_____	_____
Medical Insurance Company	Medical Record	Physician's Name	Physician's Phone

2. I do not choose the above statement and desire the following action instead: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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

Parent/Guardian Signature