

**Mission San Luis Rey Parish
 "NEW STUDENT" REGISTRATION FORM
 ENGLISH FAITH FORMATION 2018-2019 Semester**

Class language preferred <i>(Please circle one)</i> : ENGLISH SPANISH

TODAY'S DATE: _____ Envelope/PDS # _____

FAMILY NAME: _____

STREET ADDRESS: _____

CITY: _____ ZIP CODE: _____

HOME PHONE #: _____ CELL PHONE # _____

E-MAIL ADDRESS: _____

Registration forms are also available on-line at www.sanluisreyparish.org click on Faith Formation.

Parents must request sacraments for their children in writing, attend specific sacramental preparation classes and turn in the child's Baptism Certificate, child must be in the 3rd grade or higher, see parent handbook for details.

=====PARENT / GUARDIAN INFORMATION=====

Names listed below must be LEGAL or COURT APPOINTED GUARDIANS.

(circle one) FATHER LEGAL GUARDIAN **(circle one)** MOTHER LEGAL GUARDIAN

FATHER'S NAME: _____ MOTHER'S NAME: _____

Receipt # _____ Total Due: _____

Amount Enclosed: _____ Balance: _____ Ck # _____

Tuition: Preschool \$40; kinder-8th One Child \$65; Two \$130; Three \$195; First Communion \$65; Pre-Confirmation \$80; Confirmation \$180; Sacramental Program \$25 per family (to cover mass cost and mailing fees.) Registrations will be processed when payment is received.

Program Code (office use) 1F English 2F Spanish 5F Sacramental Prep

FIRST CHILD

NAME OF STUDENT _____
(Last Name) (First)

Grade your child will be in school year (2018-2019): _____ SEX: _____

Birth Date: ____/____/____ Birth Place: _____

Has your child attended Faith Formation Classes before? **(Please circle one)** YES NO

If yes, where? _____

CIRCLE PREVIOUS RELIGIOUS EDUCATION: NONE Grades 1 2 3 4 5 6 7 8

My child was Baptized: YES NO (Church Name) _____

PLEASE CIRCLE (BELOW) THE SACRAMENTS YOUR CHILD HAS RECEIVED:

Baptism First Reconciliation (*Confession*)/ First Eucharist (*Communion*) Confirmation

PLEASE CIRCLE (BELOW) THE SACRAMENT/S YOU ARE REQUESTING:

Baptism First Eucharist (*Communion*) Confirmation

AUTHORIZATION - EMERGENCY & HEALTH INFORMATION:

During class time I may be reached by calling #: _____. **If I cannot be reached, the following person is authorized to make medical decisions on my behalf:**

Name: _____ Phone # _____

Relationship to my child: _____

Allergies or medical condition (Diabetes etc.) _____

My child is on the following medications: _____

My child has Special Needs (Autism, ADD, ADHD, Downs, a Learning disability) YES NO

Please describe: _____

My child has an IEP: yes/no My child is in special education classes: yes/no

I give consent for my child to receive first aid and/or 9-1-1 medical treatment. YES NO

Signature below authorizes my child to participate in the Faith Formation Program of this Parish.

Parent Signature: _____ Date: _____
(Signature must be of a parent or a Legal or Court Appointed Guardian)

PROGRAM DIRECTOR USE ONLY: FIRST CHILD

Grade/Room # _____ Coordinator: _____ Date: _____

SECOND CHILD

NAME OF STUDENT _____
(Last Name) (First)

Grade your child will be in school year (2018-2019): _____ SEX: _____

Birth Date: ____/____/____ Birth Place: _____

Has your child attended Faith Formation Classes before? **(Please circle one)** YES NO

If yes, where? _____

CIRCLE PREVIOUS RELIGIOUS EDUCATION: NONE Grades 1 2 3 4 5 6 7 8

My child was Baptized: YES NO (Church Name) _____

PLEASE CIRCLE (BELOW) THE SACRAMENTS YOUR CHILD HAS RECEIVED:

Baptism First Reconciliation (*Confession*)/First Eucharist (*Communion*) Confirmation

PLEASE CIRCLE (BELOW) THE SACRAMENT/S YOU ARE REQUESTING THIS YEAR:

Baptism First Eucharist (*Communion*) Confirmation

AUTHORIZATION - EMERGENCY & HEALTH INFORMATION:

During class time I may be reached by calling #: _____. **If I cannot be reached, the following person is authorized to make medical decisions on my behalf:**

Name: _____ Phone # _____

Relationship to my child: _____

Allergies or medical condition (Diabetes etc.) _____

My child is on the following medications: _____

My child has Special Needs (*Autism, ADD, ADHD, Downs, a Learning disability*) YES NO

Please describe: _____

My child has an IEP: yes/no My child is in special education classes: yes/no

I give consent for my child to receive first aid and/or 9-1-1 medical treatment. YES NO

Signature below authorizes my child to participate in the Faith Formation Program of this Parish.

Parent Signature: _____ **Date:** _____
(Signature must be of a parent or a Legal or Court Appointed Guardian)

PROGRAM DIRECTOR USE ONLY: SECOND CHILD
Grade/Room # _____ Coordinator: _____ Date: _____

THIRD CHILD

NAME OF STUDENT _____
(Last Name) (First)

FAMILY LAST NAME (If different from the student): _____

Grade your child will be in school year (2018-2019): _____ SEX: _____

Birth Date: ____/____/____ Birth Place: _____

ETHNIC BACKGROUND (Diocese Request): _____

Has your child attended Faith Formation Classes before? **(Please circle one)** YES NO

If yes, where? _____

CIRCLE PREVIOUS RELIGIOUS EDUCATION: NONE Grades 1 2 3 4 5 6 7 8

My child was Baptized: YES NO (Church Name) _____

PLEASE CIRCLE (BELOW) THE SACRAMENTS YOUR CHILD HAS RECEIVED:

Baptism First Reconciliation (*Confession*)/First Eucharist (*Communion*) Confirmation

PLEASE CIRCLE (BELOW) THE SACRAMENT/S YOU ARE REQUESTING THIS YEAR:

Baptism First Eucharist (*Communion*) Confirmation

AUTHORIZATION - EMERGENCY & HEALTH INFORMATION:

During class time I may be reached by calling #: _____. **If I cannot be reached, the following person is authorized to make medical decisions on my behalf:**

Name: _____ **Phone #** _____

Relationship to my child: _____

Allergies or medical condition (Diabetes etc.) _____

My child is on the following medications: _____

My child has Special Needs (*Autism, ADD, ADHD, Downs, a Learning disability*) YES NO

Please describe: _____

My child has an IEP: yes/no My child is in special education classes: yes/no

I give consent for my child to receive first aid and/or 9-1-1 medical treatment. YES NO

Signature below authorizes my child to participate in the Faith Formation Program of this Parish.

Parent Signature: _____ **Date:** _____
(Signature must be of a parent or a Legal or Court Appointed Guardian)

PROGRAM DIRECTOR USE ONLY: THIRD CHILD

Grade/Room # _____ **Coordinator:** _____ **Date:** _____