



# CATHOLIC FAITH FORMATION

**New Family Registration for Religious Education Classes**

**2017/2018**

## Family Information

Child lives with  Both Parents  Father  Mother  Other Guardian  
 Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

### Parent/Guardian living in household

**Legal Name of Parent/Custodial Guardian - Head of Household (HOH)**  
 HOH 1 \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ Cell Phone \_\_\_\_\_  
 E-mail \_\_\_\_\_

**Legal Name of Parent/Custodial Guardian - Head of Household (HOH)**  
 HOH 2 \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ Cell Phone \_\_\_\_\_  
 E-mail \_\_\_\_\_

**Marital Status of parents** Married:  Catholic Church  Civil Marriage  
 Date \_\_\_\_\_ Church/City \_\_\_\_\_  
 would like information on how to receive the sacrament of Holy Matrimony  
 or  Single  Divorced  Separated  Widowed

**Communication Preference**  Text  E-Mail  Phone  
 Company you have phone service with \_\_\_\_\_  
 Use E-mail above or this E-mail address \_\_\_\_\_  
 Use phone number above or this phone number \_\_\_\_\_

### Sacramental Information Received

HOH 1  Baptism  Holy Communion  Confirmation  Holy Matrimony  
 HOH 2  Baptism  Holy Communion  Confirmation  Holy Matrimony

## Parish Registration

**Are you registered at:**  
 Saint Mary Cathedral  
 San Francisco Javier  
 San José  
 None  
 Other Catholic Parish

\_\_\_\_\_  
 Name of Parish

## Education

**My child(ren) attend:**  
 Catholic/Private School  
 Public School

\_\_\_\_\_  
 Name of School

## Emergency Contact

Other than parent  
 Name \_\_\_\_\_  
 Phone \_\_\_\_\_  
 \_\_\_\_\_  
 Relation to Student

## Volunteer with CFF - Called to Protect Children & Youth

As a downtown campus and for the safety of your children, CFF requests that all parents complete the EIM program. Parents will be asked at any time to assist, supervise and/or chaperone students.

- I have already completed the EIM process and can volunteer.
- I need more information to get started on the process.
- No. I choose to opt out for the following reason: \_\_\_\_\_

## Child(ren) Information

Legal First Name	Legal Last Name	Sex	Grade	Sacraments Received
		<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> Baptism <input type="checkbox"/> Holy Communion <input type="checkbox"/> Confirmation
		<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> Baptism <input type="checkbox"/> Holy Communion <input type="checkbox"/> Confirmation
		<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> Baptism <input type="checkbox"/> Holy Communion <input type="checkbox"/> Confirmation

I, the parent/legal guardian of the above listed children do hereby give permission for photographs to be taken of my child who will attend Saint Mary Cathedral Faith Formation. I also give the CFF office permission to use my child's photograph in publications; newsletters, brochures, websites, news reports and promotion of this and/or similar kinds of events. These images will not be manipulated or used in any public venue, besides that stated, without further permission.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_