

# All Saints Faith Formation: New Family Registration

Office Use Only

PLEASE PRINT NEATLY

Reg# \_\_\_\_\_

Family's Last Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Father's Name: \_\_\_\_\_ Religion: \_\_\_\_\_

work or cell number: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Religion: \_\_\_\_\_

work or cell number: \_\_\_\_\_ Mother's Maiden name:: \_\_\_\_\_

With whom do the children live? \_\_\_\_\_

*If the child(ren) live with someone other than their parents, please fill in the following information:*

Gaurdian's Name: \_\_\_\_\_ Religion: \_\_\_\_\_

work or cell number: \_\_\_\_\_

Emergency Contact:Name: \_\_\_\_\_

Number: \_\_\_\_\_ Relationship to the Child: \_\_\_\_\_

Child's full name \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Grade/ School: \_\_\_\_\_

Has the child:

Been Baptized?  Yes  No

If yes, please **attach a copy** of Baptism Certificate.

Received First Communion?  Yes  No

If yes, please **attach a copy** of Communion Certificate.

Been Confirmed?  Yes  No

If yes, please **attach a copy** of Confirmation Certificate.

Child's full name \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Grade/School: \_\_\_\_\_

Has the child:

Been Baptized?  Yes  No

If yes, please **attach a copy** of Baptism Certificate.

Received First Communion?  Yes  No

If yes, please **attach a copy** of Communion Certificate.

Been Confirmed?  Yes  No

If yes, please **attach a copy** of Confirmation Certificate.

Child's full name \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Grade/School: \_\_\_\_\_

Has the child:

Been Baptized?  Yes  No

If yes, please **attach a copy** of Baptism Certificate.

Received First Communion?  Yes  No

If yes, please **attach a copy** of Communion Certificate.

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Child's full name \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Grade/School: \_\_\_\_\_

Has the child:

Been Baptized?  Yes  No

If yes, please **attach a copy** of Baptism Certificate.

Received First Communion?  Yes  No

If yes, please **attach a copy** of Communion Certificate.

Been Confirmed?  Yes  No

If yes, please **attach a copy** of Confirmation Certificate.

As the parent(s)/guardian(s) of the child(ren) listed on this form, I hereby give my permission for his/her participation in any and all faith formation activities. I agree to direct my child to cooperate and conform to directions and instructions of faith formation personnel responsible for faith formation activities. I agree that in the event my child is injured as a result of his/her participation in the faith formation activities, including transportation to and from those activities, whether or not caused by the negligence of the parish/school faith formation program, or any of its agents or employees, recourse for the 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 I cannot be reached in any emergency, I give permission to the following adults:*

Name: \_\_\_\_\_ Number: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Name: \_\_\_\_\_ Number: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

*To authorize by his/her signature whatever medical treatment may be considered necessary by the attending physician for my/ our child.*

Mother's Signature \_\_\_\_\_ Date: \_\_\_\_\_

Father's Signature \_\_\_\_\_ Date: \_\_\_\_\_

Gaurdian Signature \_\_\_\_\_ Date: \_\_\_\_\_

***I have read the information included in this packet and I agree to all conditions required for my child's participation in the faith formation program, including regular mass attendance, 10 hours parent volunteer service, and attendance of all parent information meetings and family activities.***

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

**I am interested in the following types of volunteer service: *(please check all that apply)***

- |  |  |
|--|--|
| <input type="checkbox"/> Family Event Planning | <input type="checkbox"/> Evaluation Committee                |
| <input type="checkbox"/> Traffic Control       | <input type="checkbox"/> Catechist or Catechetical Volunteer |
| <input type="checkbox"/> Fiesta                | <input type="checkbox"/> Family Mass                         |
| <input type="checkbox"/> Office Volunteer      | <input type="checkbox"/> Other: _____                        |

**Please return this form to:**

Elena Flores  
Family Faith Formation Coordinator  
22824 Second St.  
Hayward, CA 94541  
Phone: 510-581-2570 ext.121  
Email: eflores\_121@yahoo.com

**All Saints Parish**

*Blessed be God in all the saints!*

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Date Received: \_\_\_\_\_ Tuition Received: \_\_\_\_\_

Scholarship: \_\_\_\_\_ Check Number: \_\_\_\_\_

Payment:

1 Child: \$85.00

2 Children: \$125.00

3 or more Children: \$150.00