



**SAINT CHARLES  
BORROMEO**

**CATHOLIC CHURCH**  
2802 Cadiz Street  
San Diego, CA 92110  
(619) 225-8157

**FAITH FORMATION  
REGISTRATION FORM  
2010-2011**

*Office Use Only*  
Payment Detail  
Cash Check  
\_\_\_\_\_  
Total Pd \$ \_\_\_\_\_  
Certificate \_\_\_\_\_

Payment must accompany registration\*

TODAY'S DATE: \_\_\_\_\_

<b>FAMILY LAST NAME:</b>	<b>Parent Names (s)</b>	<b>E-mail Address (primary contact)</b>

<b>Street Address</b>	<b>City</b>	<b>Zip</b>	<b>Home Phone Unlisted: <input type="checkbox"/>yes <input type="checkbox"/>no</b>

**Contact Information:**

	Name	Cell Phone	Work Phone	Religion of Parent
<b>Mother:</b>				
<b>Father:</b>				
<b>Emergency Contact:</b> <small>(not living with student(s))</small>				

Child(ren) living with: ( ) Both Parents ( ) Mother ( ) Father ( ) Joint Custody ( ) Guardian

Child's First Name	Child's Middle Name	Male/ Female	Grade in Fall 2010	Birthdate	Date of Baptism	Date 1 <sup>st</sup> Penance	Date 1 <sup>st</sup> Communion

Fees for the year: 1 child \$50.00    2 children \$75.00    3 or more children \$100.00

**It is expected that parents and children will celebrate weekly Mass together.  
Attendance at Mass is an integral part of the formation of each child's faith.**

\*No family is ever denied Religious Education due to an inability to pay fee. Please contact the DRE for special considerations.

## Student Medical Information

### STUDENT #1:

Name: \_\_\_\_\_  
FIRST MIDDLE LAST BIRTHDATE

Chronic conditions or illnesses (e.g. epilepsy, food allergies, asthma, etc.) \_\_\_ If yes, please explain.

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Is student on regular, daily medication? \_\_\_\_\_ If yes, what type of medication? \_\_\_\_\_

#### Consent for Treatment

I hereby give my permission to have my student treated with minor first aid and/or by paramedics as the need arises.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

### STUDENT #2:

Name: \_\_\_\_\_  
FIRST MIDDLE LAST BIRTHDATE

Chronic conditions or illnesses (e.g. epilepsy, food allergies, asthma, etc.) \_\_\_ If yes, please explain.

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Is student on regular, daily medication? \_\_\_\_\_ If yes, what type of medication? \_\_\_\_\_

#### Consent for Treatment

I hereby give my permission to have my student treated with minor first aid and/or by paramedics as the need arises.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

### STUDENT #3:

Name: \_\_\_\_\_  
FIRST MIDDLE LAST BIRTHDATE

Chronic conditions or illnesses (e.g. epilepsy, food allergies, asthma, etc.) \_\_\_ If yes, please explain.

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Is student on regular, daily medication? \_\_\_\_\_ If yes, what type of medication? \_\_\_\_\_

#### Consent for Treatment

I hereby give my permission to have my student treated with minor first aid and/or by paramedics as the need arises.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date