

ST. LUCY PARISH
Faith Formation Registration
 2350 Winchester Blvd. Campbell CA 95008



Term 2023-2024

Family Information

| | |
|--------------------------------|--|
| Family Last Name: _____ | Date: _____ |
| Father's Name: _____ | Father's Email: _____ |
| Mother's Name: _____ | Mother's Email: _____ |
| Mother's Maiden: _____ | Emergency Contact: _____ |
| Home Phone: _____ | Emergency phone: _____ |
| Home Address: _____ | Father Religion: _____ |
| City, State _____ Zip _____ | Mother Religion: _____ |
| Father's Cell/work: _____ | Parents Primary Language: _____ |
| Mother's Cell/work: _____ | Child understand, read, speak and write English? _____ |

Student #1 Information

Child Name: _____

Gender Male Female **Sacrament Details**

Birth Place _____ Check & Date All Below

Birth Date _____ Baptism _____

Grade on 2023/24 _____ Reconciliation _____

Catechism year class 1st 2nd Ongoing Eucharist _____

Class **Sunday 10:00-11:00 AM** **Wed 4:00-5:00PM** Confirmation _____

RCIC **Thurs 4:00-5:00 PM**

Special Needs(Medical, learning, Disabilities, Physical Disabilities, etc.)

Received:

NOTE: If your child was baptized, we need a copy of the Baptismal Certificate Yes No

 If your child was not baptized, we need a copy of the Birth Certificate Yes No

| | |
|---|--|
| FAITH FORMATION FEE PER YEAR: MAXIMUM family cost \$325.00 | |
| 1 Child \$175.00 | <i>Bring payments at time of registration or to Parish Office.</i> |
| 2 Children \$250.00 | <i>No one is turned away due to hardship.</i> |
| 3 Children + \$325.00 | <i>Ask for scholarship if you need.</i> |

| | |
|------------------------|---------------------------------|
| <i>Office use</i> | |
| Tuition TOTAL \$ _____ | Sign _____ |
| Tuition PAID \$ _____ | Tuition DUE \$ _____ Sign _____ |

Please notify any change in the information to mary.smith@dsj.org or by phone (408) 378-2464 ext 10

ST. LUCY PARISH
Religious Education Registration
2350 Winchester Blvd. Campbell CA 95008



Term 2023-2024

Additional Students

Student #2 Information

Child Name: _____

Gender Male Fem

Sacrament Details

Birth Place _____

Check & Date All Below

Birth Date _____

Baptism _____

Grade on 2023/24 _____

Reconciliation _____

Catechism year class 1st 2nd Ongoing

Eucharist _____

Class **Sunday 10:00-11:00** **Wed 4:00-5:15**

Confirmation _____

Special Needs(Medical, learning, Disabilities, Physical Disabilities, etc.)

Received:

NOTE: If your child was baptized, we need a copy of the Baptismal Certificate

Yes No

If your child was not baptized, we need a copy of the Birth Certificate

Yes No

Student #3 Information

Child Name: _____

Gender Male Fem

Sacrament Details

Birth Place _____

Check & Date All Below

Birth Date _____

Baptism _____

School Grade on 2023/24 _____

Reconciliation _____

Catechism year class 1st 2nd Ongoing

Eucharist _____

Class **Sunday 10:00-11:00** **Wed 4:00-5:15**

Confirmation _____

Special Needs(Medical, learning, Disabilities, Physical Disabilities, etc.)

Received:

NOTE: If your child was baptized, we need a copy of the Baptismal Certificate

Yes No

If your child was not baptized, we need a copy of the Birth Certificate

Yes No

PHOTO RELEASE CONSENT

Occasionally pictures are take of ministry events and gatherings. We would like to be able to use these photographs for newsletters, flyers and the Parish Website, etc. Concerns about published pictures should be expressed to writer/webmaster and will be promptly deal with. I authorize and give full consent, without limitations or reservation, to St. Lucy Parish to publish any photographs to which participating in any program with St. Lucy's Faith Formation. No compensation is given.

Signature: _____

Date: _____