



Atrium Day: _____ **Level:** _____

Level 1 (age 3-6) Level 2 (age 7-9) Level 3 (age 10-13) Confirmation 1st year (7th grade) 2nd year (8th grade-12th)
Youth Group (high school teens who have been Confirmed)

Saint Joseph Parish

1162 Lincoln Way Auburn, CA 95603
(530) 885-2956 FAX (530) 823-6676

RELIGIOUS EDUCATION REGISTRATION FORM DATE: 2016-2017

Hoja de Registro Para Programa de Educacion Religiosa

FOR OFFICE USE ONLY

Religious Formation for Current Year: Level 1 age 3-6 Level 2 age 7-9 Level 3 age 10- 14 Confirmation

Day wanted: Tuesday am _____ 9:30-11:30 Tuesday pm _____ 4:00-6:00pm

Sacrament Prep for the Current Year: None Eucharist Reconciliation Confirmation

Early Bird Registration: \$60.00 till August 30, 2016 Regular Registration after August 15, 2016: \$75.00 (family cap of \$250.00 payment arrangements can be made)

Non- parishioner fee: \$ _____ (add extra \$25.00 per family) and see below

Full registration fee paid: \$ _____ Check # _____ Making payments: \$ _____ per month till paid in full

Enclosed an additional \$ _____ as a donation to the Good Shepherd Program.

Extra Donation for non-parishioner due in January \$ _____

My child/children (circle one) will not will participate in the Safe Environment Program from the Diocese on 22 at 11am -12pm _____ parent signature

Ages of children not participating _____

Registration Form Received by: _____ **Date:** _____

PERSONAL INFORMATION

Informaciones Personal

Complete Name of Child _____ **Sex** Male Female
Nombre del Niño Completa *Sexo* *Hombre* *Mujer*

Date of Birth ____ / ____ / ____ **Place of Birth (City, State)** _____ **Age** _____
Fecha de Nacimiento *Lugar de Nacimiento (Ciudad, Estado)* *Edad*

Copy of Birth Certificate
Copia de Acta de Nacimiento

Copy of Baptismal Certificate
Copia de Acta de Bautismo

Address _____
Direccion

Email _____
Correo Electronico

Telephone _____
Telefono

Parish Registration Number _____
Numero de Registracion Parroquial

Father's Name _____
Nombre del Padre

Religion _____
Religion

Telephone: Work _____
Telefono Trabajo

Cellphone _____
Celular

Mother's Maiden Name _____
Nombre del Madre Soltera

Religion _____
Religion

Telephone: Work _____
Telefono Trabajo

Cellphone _____
Celular

Parish Last Attended _____
Ultima Parroquia a la que asistieron

City/State _____
Ciudad/Estado

School Attending _____
Escuela a la que asistio

Grade Level _____
Nivel/Grado

RELIGIOUS EDUCATION HISTORY

Historia de Educacion Religiosa

Previous Religious Education Completed (Mark Grades) K 1 2 3 4 5 6 7 8
Educacion Reliogiosa Completada (Marque el Grado)

Date Completed _____
Fecha Completada

Church (Name, City, State) _____
Iglesia (Nombre, Ciudad, Estado)

Sacraments Received (Sacramentos Recividos)

Baptism **Date** ___ / ___ / ___ **Church (Name, City, State)** _____
Bautismo Fecha Iglesia (Nombre, Ciudad, Estado)
 With Certificate
Con Acta

Eucharist **Date** ___ / ___ / ___ **Church (Name, City, State)** _____
Eucaristia Fecha Iglesia (Nombre, Ciudad, Estado)
 With Certificate
Con Acta

Confirmation **Date** ___ / ___ / ___ **Church (Name, City, State)** _____
Confirmacion Fecha Iglesia (Nombre, Ciudad, Estado)
 With Certificate
Con Acta

Medical Information

Please list any special needs this child may have & how we can help (e.g. ADD, physical restrictions, medications, allergies) *Por favor mencione cualquier necesidad especial el niño pueda tener y como nosotros podemos ayudar (ej. Alergia, medicamentos, restricciones fisica)*

How should this be treated if it occurs? _____

Family Physician: _____ Physicians Phone Number: _____

Health Plan Carrier: _____ Health Plan Policy Number: _____

Consent to treat

As a parent and/or guardian, I do herewith authorize the treatment by a qualified and licensed medical physician of the above named minor(s) in the event of a medical emergency, which, in the opinion of the attending physician, may endanger his or her life, cause disfigurement, physical impairment or undue discomfort if delayed. This authority is granted only after a reasonable effort has been made to reach me. This release form is completed and signed of my own free will with the sole purpose of authorizing medical treatment under emergency circumstances in my absence.

Signed _____ **Date** _____
(Parent or legal guardian)

It is ok to take photos of my children during Atrium that will be used for the Good Shepherd Program
ONLY: _____ Signature of Parent is Consent. They will be used for promotion, website, bulletin ect.