



**Atrium Day:** \_\_\_\_\_ **Level:** \_\_\_\_\_

**Level 1 (age 3-6) Level 2 (age 7-9) Level 3 (age 10-13) Confirmation 1<sup>st</sup> year (7<sup>th</sup> grade) 2<sup>nd</sup> year (8<sup>th</sup> grade - 12<sup>th</sup>)**  
**Youth Group WEDNESDAY night only (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: 2017-2018**

*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: Wednesday pm \_\_\_\_\_ 4:30-6:30 Thursday am \_\_\_\_\_ 10:00-12:00 pm

Sacrament Prep for the Current Year:  None  Eucharist  Reconciliation  Confirmation

Early Bird Registration: \$75.00 till August 1, 2017 Regular Registration after August 8, 2017: \$100.00 (family cap of \$300.00 payment arrangements can be made)\*\*\*This donation does not include Retreats for Sacramental prep.

- 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  will  participate in the Safe Environment Program from the Diocese on Jan. 21, 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** *Copya de Acta de Nacimiento*
- Copy of Baptismal Certificate** *Copya de Acta de Bautismo*

**Address** \_\_\_\_\_  
*Direccion*

**Email** \_\_\_\_\_  
*Correo Electronico*

**Telephone** \_\_\_\_\_ **Parish Registration Number** \_\_\_\_\_  
*Telefono* *Numero de Registracion Parroquial*

**Father's Name** \_\_\_\_\_ **Religion** \_\_\_\_\_  
*Nombre del Padre* *Religion*

**Telephone:** **Work** \_\_\_\_\_ **Cellphone** \_\_\_\_\_  
*Telefono* *Trabajo* *Celular*

**Mother's Maiden Name** \_\_\_\_\_ **Religion** \_\_\_\_\_  
*Nombre del Madre Soltera* *Religion*

**Telephone:** **Work** \_\_\_\_\_ **Cellphone** \_\_\_\_\_  
*Telefono* *Trabajo* *Celular*

**Parish Last Attended** \_\_\_\_\_ **City/State** \_\_\_\_\_  
*Ultima Parroquia a la que asistieron* *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 **NOT** ok to take photos of my children during Atrium that will be used for the Good Shepherd Program **ONLY**: \_\_\_\_\_ Signature of Parent is required if you don't want your child's photo used. They will only be used for promotion, website, bulletin ect.