

Saint Katharine Drexel Catholic Parish

11361 Prospect Dr., Jackson, CA 95642 (209) 223-2970 Fax: (209) 223-1147 stkatharinedrexel.com

New Student Faith Formation Registration

Tuition: \$40.00 per student \$60.00 per student in sacrament year GRADE _____
\$100.00 for three or more children in the same family School Year: **2020-2021**

Student's Legal Name _____
(FIRST) (MIDDLE) (LAST)

Birthdate _____ Birthplace _____
City/State _____

Student Address _____

City _____ Zip _____

Contact Number _____

E-mail _____

Student lives with: ___ Father ___ Mother ___ Guardian

Father's Name _____ Religion _____
(FIRST) (MIDDLE) (LAST)

Father's Address _____
(if different from student) Street, City, State, Zip

Father's Telephone _____ Occupation _____

Mother's Name _____ Religion _____
(FIRST) (MAIDEN) (LAST)

Mother's Address _____
(if different from student) Street, City, State, Zip

Mother's Telephone _____ Occupation _____

Guardian Name _____

___ My child has attended Faith Formation classes in the past. Dates _____

Parish _____
Address, if not St. Katharine Drexel Parish

BAPTISMAL CERTIFICATE MUST BE PROVIDED BEFORE STUDENT CAN BE ENROLLED

Church & City of Baptism _____ Date _____

___ Student is not baptized

___ Student baptized in other Christian Tradition, i.e. Methodist, Baptist, etc. _____

___ Check the box of any Sacrament that your student **has not received**

___ Eucharist ___ Reconciliation ___ Confirmation

(For Office Use Only)

Baptism Certificate on File _____ Tuition Paid _____ Date/Initial _____

STUDENT NAME

Student has parents'/guardian's permission to be picked up by:

- _____
- _____

Student Health Issues, Allergies, Special Needs (Please be specific)

IN AN EMERGENCY, IF PARENTS ARE UNAVAILABLE, PLEASE CONTACT:

- | | | | |
|----|-------|-----------|-------------------------|
| 1. | _____ | _____ | _____ |
| | Name | Telephone | Relationship to student |
| 2. | _____ | _____ | _____ |
| | Name | Telephone | Relationship to student |

EMERGENCY HEALTH / MEDICAL INFORMATION AND CONSENT

In the event of an emergency, I, the undersigned parent/guardian of the child named on this form, hereby give permission to St. Katharine Drexel parish and its employees, agents, representatives, and adult volunteers, to arrange for and authorize emergency medical, dental, or surgical treatment for my child, as considered necessary by the attending physician. I wish to be advised prior to any further treatment by the hospital or doctor.

Family Doctor: _____ Phone: _____

Family Health Plan Carrier: _____

Policy Number: _____

Parent/Guardian Signature

Date