

St. Mary's Church
Faith Formation Registration
 219 Bean Ave. Los Gatos, CA 95030

Registration Year: 2010

Family Last Name: _____

Date: _____

Father's Name: _____

Home Phone: _____

Mother's Name: _____

Mom Cell: _____

Dad Cell: _____

Mother's Maiden: _____

Family Email: _____

Home Address: _____

Emergency Contact/#: _____

Insurance Provider/#: _____

Child	Age	Birthdate	Sex	Grade	Program	Room	Class
--------------	------------	------------------	------------	--------------	----------------	-------------	--------------

Sacrament Received: Baptism Eucharist Penance Confirmation

School: _____ **Cell:** _____ ***Student Email:** _____

Special Needs: medical, learning disabilities, physical disabilities: ***Student Email Required For WAV Program**

Child	Age	Birthdate	Sex	Grade	Program	Room	Class
--------------	------------	------------------	------------	--------------	----------------	-------------	--------------

Sacrament Received: Baptism Eucharist Penance Confirmation

School: _____ **Cell:** _____ ***Student Email:** _____

Special Needs: medical, learning disabilities, physical disabilities: ***Student Email Required For WAV Program**

My student has permission to go on walking field trips within Los Gatos. Yes No
 My student's picture may be taken at parish Faith Formation or diocesan activities for publication. Yes No

I understand that my child(ren) must sign-in at each Edge and WAV session they attend and may not leave the designated meeting place without the approval of an adult supervisor.

I do not hold St. Mary's Church or the Diocese of San Jose responsible for anything that is caused by or happens to my child(ren) while attending an Edge or WAV activity.

Tuition Paid: _____ **Date:** _____ **Signature:** _____