

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

Registration Year: 2009

Family Last Name: _____

Date: _____

Father's Name: _____

Home: _____

Mother's Name: _____

Mom Cell: _____

Mother's Maiden: _____

Dad Cell: _____

Email: _____

Home Address: _____

Emergency Contact/#: _____

Insurance Provider/#: _____

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

Sacrament Received: **Baptism** **Eucharist** **Penance** **Confirmation**

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

Special Needs: medical, learning disabilities, physical disabilities:

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

Sacrament Received: **Baptism** **Eucharist** **Penance** **Confirmation**

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

Special Needs: medical, learning disabilities, physical disabilities:

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

Sacrament Received: **Baptism** **Eucharist** **Penance** **Confirmation**

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

Special Needs: medical, learning disabilities, physical disabilities:

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:** _____