



**SAINT CLARE PARISH**

**Faith Formation Grade TK/Kinder through 7**

Sandra Quintanilla, Catechetical Ministry 725 Washington Street, Santa Clara, CA 95050

Phone: (669) 270-2702 Email: [Sandra.quintanilla@dsj.org](mailto:Sandra.quintanilla@dsj.org) Office hours: Tuesdays 9 am to 2 pm

# Faith Formation Registration Form

Please complete **ALL** forms:

**You must provide a copy of the child’s birth and baptismal certificate. You may complete the registration online or bring these forms to the Parish office.**

- Registration form 1 page
- DSJ Consent and Release form – Virtual Media for Children & Youth
- DSJ Insurance and Risk Management Participant Waiver form

Number of children in your family registered in the program **this year**: \_\_\_\_\_

**Please complete one form per child Grade TK/Kinder through 7. Thank you.**

**Student Name:**

First Name: _____	Middle Name: _____	Last Name: _____
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Preferred Name: \_\_\_\_\_

Grade in School 2024-2025: _____	Name of School: _____
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Please describe any special needs or allergies:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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Is this your child's first year in Faith Formation?  YES  NO

Has your child attended another Parish?  YES  NO

If so, what parish? \_\_\_\_\_

Is your child in the 2<sup>nd</sup> year and receiving their First Eucharist?  YES  NO

*If "yes," an additional First Eucharist Calendar will be provided at the Parent Meeting.*

**SACRAMENTS**

Has your child received the Sacrament of Baptism?  YES  NO If no (please provide a copy of the child's Birth certificate)

Date of Baptism: \_\_\_\_\_

Parish / Church: \_\_\_\_\_ Denomination: \_\_\_\_\_

**Family Information:**

Mother's Name: \_\_\_\_\_

Mother's cell phone: \_\_\_\_\_

Home Address: \_\_\_\_\_ City & Zip: \_\_\_\_\_

Are you available to volunteer/assist in our class?  YES  NO

Please note that to volunteer at our Parish you must fill out a volunteer application and be fingerprinted.



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Father's Name: \_\_\_\_\_

Cell for Father: \_\_\_\_\_

Home Address: \_\_\_\_\_

Is Father available to volunteer/assist in our class?     YES                       NO

Please note that to volunteer at our Parish you must fill out a volunteer application and be fingerprinted.

**Emergency and Health Information:**

Consent for Treatment **MUST** be signed every year.

Students in class, at prayer services or socials which may be printed in the church bulletin, newsletters, or website for current and future promotional purposes and recognition. The photos will not include the children's names. We would appreciate your permission to use the photographs, which may contain images of your minor child, for that purpose.

I/We, the undersigned parent(s) or guardian(s) of \_\_\_\_\_

a minor, give permission to St. Clare Church to use photographs in any and all promotional materials associated with the "Finding God" program as indicated above.

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Fee:**

\$150.00 for new enrollment - \$75.00 for children returning for a 2<sup>nd</sup> year.

TO BE FILLED OUT BY OFFICE STAFF						
Fee Paid	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	Receipt#	
PayPal/Venmo	<input type="checkbox"/>	Cash	<input type="checkbox"/>	Check #		
Reviewed By					Date:	