

Catholic Communities of Brawley & Westmorland

St. Margaret Mary, Sacred Heart, St. Joseph

Catechism Registration Form

Please complete one form for each child/ Llenar una forma por Niño(a) Family Name / Nombre Familia

STUDENT INFORMATION / INFORMACIÓN DEL ESTUDIANTE

Student Name: \_\_\_\_\_

Nombre del Estudiante Last/ Apellido First /Primer Nombre Middle/Segundo

Birth date: \_\_\_\_\_ School Attending: \_\_\_\_\_ Grade \_\_\_\_\_ new to our program? [ ] Yes [ ] No
Fecha de Nacimiento Escuela a la que van Grado Nuevo en nstro. Program. Si No

Language: \_\_\_\_\_ [ ] Female [ ] Male
Idioma Femenino Masculino

Check Sacraments Child has received: [ ] Baptism [ ] 1st Reconciliation [ ] 1st Holy Communion [ ] Confirmation
Marque Sacramentos recibidos Bautismo 1ra Reconciliación 1ra Santa Comunion Confirmación

Does child have any issues or learning disabilities of which we should be aware? [ ] Yes [ ] No
¿Tiene su hijo(a) alguna discapacidad de aprendizaje? Si No

If yes, please explain / Si, favor de explicar:
\_\_\_\_\_
\_\_\_\_\_

PARENT/GUARDIAN INFORMATION - INFORMACIÓN DE PADRES/TUTOR

Father's Name \_\_\_\_\_ Alive [ ] Yes [ ] No With the Child [ ] Yes [ ] No
Nombre del Papa Vive Si No Con el niño(a) Si No

Language \_\_\_\_\_ Religion \_\_\_\_\_ E-mail \_\_\_\_\_
Idioma Religión Correo Electronico

Home Ph# \_\_\_\_\_ Cell # \_\_\_\_\_ Work phone # \_\_\_\_\_
Tel. de Casa Tel. de trabajo

Mother's Mother's
Name \_\_\_\_\_ Maiden \_\_\_\_\_ Alive [ ] Yes [ ] No With the Child [ ] Yes [ ] No
Nombre Mama Nombre de Soltera Vive Si No Con el niño(a) Si No

Language \_\_\_\_\_ Religion \_\_\_\_\_ E-mail \_\_\_\_\_
Idioma Religión Correo Electronico

Home Ph# \_\_\_\_\_ Cell # \_\_\_\_\_ Work phone # \_\_\_\_\_
Tel. de Casa Tel. de trabajo

Stepparent Name (if Applicable) \_\_\_\_\_ Cell # \_\_\_\_\_
Nombre Pastro / Madastra (si es aplicable)

Parents married? [ ] Yes [ ] No in the church [ ] Yes [ ] No Name of Church \_\_\_\_\_
Papas Casados Si No Por la Iglesia Si No Nombre de la Iglesia
City/Ciudad State/Estado

Home Address \_\_\_\_\_ Mailing Address \_\_\_\_\_
Domicilio de casa Domicilio de Correo

Family Parish: [ ] Sacred Heart [ ] St. Joseph [ ] St. Margaret Mary
Iglesia a la que Asisten: Sagrado Corazón San José Santa Margarita Maria

**NAMES OF CHILDREN IN YOUR FAMILY / NOMBRES DE LOS OTROS HIJOS EN SU FAMILIA**

Name \_\_\_\_\_ Age \_\_\_\_\_ Enrolled in Faith Formation?  Yes  No  
**Nombre** **Edad** **Inscrito en Formación de Fe** **Si** **No**

Name \_\_\_\_\_ Age \_\_\_\_\_ Enrolled in Faith Formation?  Yes  No

Name \_\_\_\_\_ Age \_\_\_\_\_ Enrolled in Faith Formation?  Yes  No

**EMERGENCY CONTACT / CONTACTO DE EMERGENCIA**

In case of an emergency please contact (other then parents please) / *En caso de una emergencia por favor notifiquen a alguien mas que no sean los Padres, por favor*:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone: ( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
**Nombre** **Parentesco** **Tel.**

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone: ( ) \_\_\_\_\_ ( ) \_\_\_\_\_

In the event of an emergency, I hereby give permission to transport my child to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor. I understand that the Catholic Communities of Brawley and Westmorland do not assume responsibility for payment of a physician.

*En el evento de una emergencia, doy permiso de transportar a mi hijo/a a un hospital para cuidado médico de urgencia o tratamiento de cirugía. Deseo se me avise antes de cualquier tratamiento consiguiente por el hospital o doctor. Entiendo que las Comunidades de Brawley y Westmorland no se hacen responsables por pagos a doctor. En caso de una emergencia contactaremos a las autoridades apropiadas y enseguida a las familias.*

\_\_\_\_\_ Parent Initials / Iniciales de los Padres

**SPECIFIC MEDICAL INFORMATION**

Allergies or Allergic reactions (medications, foods, etc.) / *Alergias o Reacciones Alérgicas (medicamentos, comidas, etc.)*

You should be aware of these special medical conditions of my child: \_\_\_\_\_

**CONSENT / CONSENTIMIENTO**

Occasionally during the year, we take pictures or video of youth and/or groups. Names are never used. Some of these may be included in other Parish communications. / *Ocasionalmente durante el año, tomamos fotos o video del grupo de jóvenes y otros grupos. Nombres nunca son usados. Algunas fotos pueden ser incluidas en otros medios de comunicación de la Parroquia.*

\_\_\_\_\_ I give permission / *Doy permiso* \_\_\_\_\_ I don't give permission / *No doy permiso*

I do hereby give permission to my child to attend the Faith Formation Program at Catholic Communities if Brawley and Westmorland (St. Margaret Mary, Sacred Heart, St Joseph). *Yo doy permiso a mi hijo/a que participe en el Programa de Formación de Fe de Comunidades Catolicas de Brawley y Westmorland (Sta. Margarita Maria, Sagrado Corazon, San Jose).*

\_\_\_\_\_ Parent/Guardian Signature / Firma de Padre/Tutor

\_\_\_\_\_ Date/Fecha

**Office Use Only**

Total Contribution:  \$75  \$150  Other: \_\_\_\_\_

Amount Paid \$ \_\_\_\_\_  Cash  Check \_\_\_\_\_ Balance: \$ \_\_\_\_\_

**THE FOLLOWING MUST BE COMPLETED AND TURNED IN WITH THE REGISTRATION PACKET:**

- Registration Form is completed (front and back)  Copy of Birth Certificate  Copy of Baptism Certificate
- Copy of First Communion Certificate (Confirmation Candidates ONLY)
- Formation Requirement agreement is completed

Received by: \_\_\_\_\_

Class: \_\_\_\_\_