



2278 Booksin Avenue • San Jose, CA 95125-4701

FAITH FORMATION REGISTRATION GRADES 7-8

The Junior High Faith Formation Program for 7th and 8th graders meets on Sundays from 8:20 a.m. to 9:20 a.m. at our Parish.

In order to enroll in any of our programs, you must be registered at St. Christopher Church or another church in the Diocese of San Jose. If you are already registered at St. Christopher Church or another church, please note that on the parish registration form, **otherwise you must complete the parish registration form in order for your registration to be complete.**

The tuition fees for the 2017-2018 program are 1 child - \$100; 2 children - \$175.00; 3 or more children - \$250.00. The multi-child discount is for all of your children enrolled in either of our Faith Formation Programs (CCD or Junior High). Payment is **due upon registration**. We ask that you do not pay in cash. Please make your check payable to **St. Christopher Religious Education**. As always, our policy has been to never turn away a child from our programs due to an inability to pay the fee. However, you must complete a financial aid form at the time of registration if there are financial conditions that limit your ability to pay at this time. **NOTE: Your registration is not complete until all paperwork is submitted and payment has been made. If there are circumstances that prohibit full payment at this time, please call our office for assistance.** If an unforeseen problem occurs and you decide not to have your child/ren continue in the program after payment, a partial refund will be given pending notification to our office **before class starts**.

Please complete the attached registration form and the parish registration form and include a copy of your child/ren's baptismal form. If your child/ren were baptized at St. Christopher, you do not need to include a copy of the baptismal form, just write in the date and St. Christopher in the appropriate space on the registration form. It is especially important that you provide a preferred email address and cell phone number where requested on the registration form so that you may receive notices regarding this program.

The first day of the Junior High Faith Formation Program will be Sunday, September 17, 2017.

St Christopher Parish

Religious Ed. Registration

2278 Booksin Ave., San Jose, CA 95125

Term: 2017-2018

FAMILY INFORMATION

Family Last Name: _____ **Date:** _____
Father's Name: _____ Father's Cell / Work: _____
Mother's Name: _____ Mother's Cell / Work: _____
Mother's Maiden: _____ Email Address: _____
Home Phone: _____ **Emergency Contact:** _____
Home Address: _____ Emergency Phone: _____
City, ST Postal: _____ Both Parents Catholic? Yes / No

STUDENT #1 INFORMATION

Child Name: _____ **Catholic?** Yes / No
Gender: Male Female **Sacrament Details** Check & Date All Below
Birth Date: _____ Baptism: _____
Grade: _____ Eucharist: _____
Session: _____ Reconciliation Prep: _____
Class: _____ Confirmation: _____

Special Needs (Medical, Learning Disabilities, Physical Disabilities, etc):

STUDENT #2 INFORMATION

Child Name: _____ **Catholic?** Yes / No
Gender: Male Female **Sacrament Details** Check & Date All Below
Birth Date: _____ Baptism: _____
Grade: _____ Eucharist: _____
Session: _____ Reconciliation Prep: _____
Class: _____ Confirmation: _____

Special Needs (Medical, Learning Disabilities, Physical Disabilities, etc):

NOTE: If any of your children were baptized outside of this parish, and you have not already supplied us with a copy of each child's baptismal record, you will need to supply a copy for our files.

Tuition DUE: \$ _____ **Tuition PAID:** \$ _____ **Signature:** _____

PARISH OFFICE ADDRESS
 2278 BOOKSIN AVENUE
 SAN JOSE, CA 95125-4706
ST. CHRISTOPHER CATHOLIC CHURCH
 WWW.SAINTCHRIS.COM
PARISH REGISTRATION FORM
PARISH NUMBERS
 TELEPHONE: (408) 269-2226
 FAX NUMBER: (408) 269-2784

Last Name: _____ Suffix: Jr. Sr. II III Other _____
 First Name: _____ Title: Mr. Ms. Mrs. Dr. Other _____
 Spouse First Name: _____ Title: Mr. Ms. Mrs. Dr. Other _____
 If spouse is non-Catholic, does he/she wish to be registered with you? YES NO

STREET ADDRESS: _____ Apt: _____ City/State: _____ Zip: _____
 HOME PHONE: (____) _____ Unlisted? EMAIL: _____
 (Note: your email address will only be used for Parish Business)

CHECK ONE BOX BELOW, Which do you prefer?
 WEEKLY (Consists of weekly donation envelope packets mailed to your home each month for the following month's Sunday and special collections)
 SEASONAL (Consists of only Christmas, Easter and All Souls' Day donation envelopes mailed to your home prior to the appropriate collection dates.)

FAMILY MEMBER INFORMATION - PLEASE LIST ALL FAMILY MEMBERS LIVING IN YOUR HOUSEHOLD

	HEAD	HEAD	CHILD	CHILD	CHILD	CHILD
First Name						
Last Name						
Relationship						
Marital Status						
Religion						
Occupation						
Birth Date	/ /	/ /	/ /	/ /	/ /	/ /
Baptized Catholic?						
Gender	Male / Female	Male / Female	Male / Female	Male / Female	Male / Female	Male / Female

CURRENTLY REGISTERED AT
 ST. CHRISTOPHER CHURCH
 CURRENTLY REGISTERED AT
 THE FOLLOWING CHURCH:

PLEASE SEE REVERSE SIDE FOR VOLUNTEER OPPORTUNITIES WITHIN OUR PARISH COMMUNITY.

