

# REGISTRATION FORM (1<sup>st</sup>, 3<sup>rd</sup> through Confirmation Year 1)

## IMPORTANT

**REGISTRATION DATES**  
May 1<sup>st</sup> - Aug. 31<sup>st</sup>

**REGISTRATION FEES**  
1<sup>st</sup> Child: \$100.00  
2<sup>nd</sup> & Succeeding: \$75.00

**LATE REGISTRATION**  
September 1<sup>st</sup> - 30<sup>th</sup>

**LATE REGISTRATION FEES**  
1<sup>st</sup> Child: \$125.00  
2<sup>nd</sup> & Succeeding: \$100.00

Make check payable to:  
St. Luke Catholic Church

## REQUIREMENTS CHECKLIST

- Registration Form
- Parental Permission
- Health Authorization
- Registration Fee

## OFFICE NOTES

OREYM.registration.03.10.2015



**St. Luke Catholic Church**  
1111 Beach Park Blvd., Foster City, CA 94404  
(650) 346-6660 • (650) 574-9191

**OFFICE OF RELIGIOUS EDUCATION & YOUTH MINISTRY**  
**REGISTRATION FORM** (for 1<sup>st</sup>, 3<sup>rd</sup> through 8<sup>th</sup> Grade Students)

## STUDENT INFORMATION

Student Application for School Year \_\_\_\_\_ for Grade \_\_\_\_\_

LAST NAME		FIRST NAME	
GENDER	AGE	DATE of BIRTH	PLACE of BIRTH

STUDENT'S ADDRESS: \_\_\_\_\_

SACRAMENTS	YES	NO		
Baptism			Current School	
Reconciliation			Current Grade	
1 <sup>st</sup> Communion				
Confirmation			Ethnicity	

## PARENTS INFORMATION

**FATHER's Full Name:** \_\_\_\_\_

Religion: \_\_\_\_\_ Email: \_\_\_\_\_

Mobile: \_\_\_\_\_ Home Phone: \_\_\_\_\_

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

**MOTHER's Full Name:** \_\_\_\_\_

Religion: \_\_\_\_\_ Email: \_\_\_\_\_

Mobile: \_\_\_\_\_ Home Phone: \_\_\_\_\_

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

MARITAL STATUS	Check that applies	Child Lives With	Check that applies
Married		Mother & Father	
Separated		Mother	
Divorced		Father	
Widowed		Grandparent	
Single Parent		Other	

## IN CASE OF EMERGENCY

**GUARDIAN's Name:** \_\_\_\_\_

Mobile: \_\_\_\_\_ Email: \_\_\_\_\_

# REGISTRATION FORM (Sacramental Program)



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(650) 346-6660 • (650) 574-9191

**OFFICE OF RELIGIOUS EDUCATION & YOUTH MINISTRY**  
**SACRAMENTAL PROGRAM REGISTRATION FORM**

## STUDENT INFORMATION

Student Application for School Year 20\_\_\_\_ - 20\_\_\_\_  
for the Sacrament of  1<sup>st</sup> Holy Communion  Confirmation

LAST NAME		FIRST NAME	
GENDER	AGE	DATE of BIRTH	PLACE of BIRTH

ADDRESS: \_\_\_\_\_

SACRAMENTS	YES	NO		
Baptism			Current School	
Reconciliation			Current Grade	
First Holy Communion				
Confirmation			Ethnicity	

## PARENTS INFORMATION

**FATHER's Full Name:** \_\_\_\_\_ Religion: \_\_\_\_\_

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

Mobile: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**MOTHER's Full Name:** \_\_\_\_\_ Religion: \_\_\_\_\_

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

Mobile: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Email: \_\_\_\_\_

MARITAL STATUS	Check that applies	Child Lives With	Check that applies
Married		Mother & Father	
Separated		Mother	
Divorced		Father	
Widowed		Grandparent	
Single Parent		Other	

## IMPORTANT

- **REGISTRATION DATES:** May 1<sup>st</sup> - August 31
- **SACRAMENTAL FEE:** \$130.00/student
- **LATE REGISTRATION:** September 1<sup>st</sup> - 30<sup>th</sup>
- **LATE REGISTRATION SACRAMENTAL FEE:** \$150.00/student

➤ Make Check Payable to **St. Luke Catholic Church**

## REQUIREMENTS CHECKLIST

- Registration Form  Sacramental Fee
- Parental Permission  Health Authorization
- Copy of Baptismal Certificate **MUST BE ATTACHED**
- Sponsor's Information Form (for Confirmation Candidate only)

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# PARENT'S CONSENT & HEALTH AUTHORIZATION

Archdiocese of San Francisco  
St. Luke Religious Education Program  
Parental Permission and Health Authorization Form

I/We, the parent(s), guardian(s) of the named child(ren) on the front page of this document hereby give my/permission to her/his participation in any and all Religious Education activities. I/we agree to direct my/child(ren) to cooperate and conform with directions and instructions of Religious Education personnel responses for Religious Education activities.

I/We agree that in the event my/our child(ren) is injured as a result of her/his participation in Religious Education activities, including transportation to and from these activities, whether or not caused by the negligence of parish/school Religious Education program or any of its agents or employees, recourse for the payment of resulting hospital, medical or related costs and expenses will first be had against any accident, hospital or medical insurance, or any available benefit of mine/ours.

In the event I/we cannot be reached in an emergency, I/we hereby give permission for the Director/Catechist/Altar Leader to authorize by her/his signature whatever medical treatment may be considered necessary by attending physician for my/our child(ren).

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**The following must be completed by parent or guardian.**

Family Physician \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_ City & Zip \_\_\_\_\_

Medical Plan \_\_\_\_\_ Plan Number \_\_\_\_\_

**If you do not want medical care given to your child(ren), please state your reasons:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does your child(ren) have or is subject to (check if yes):

- Asthma    Fainting Spells    Convulsions    Diabetes    Heart Trouble

Allergy or reaction to ANY medication – List \_\_\_\_\_

Sports Restrictions – List \_\_\_\_\_

Other – Describe \_\_\_\_\_

Have difficulty with (check if yes):

- Eyes, ears, nose, throat    Digestion    Lungs    Other \_\_\_\_\_

Any condition now requiring medication? YES   NO   If yes, please list name of medications \_\_\_\_\_

Any restriction of activity for medical reasons? YES   NO   If yes, explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# SPONSOR'S INFORMATION FORM



**St. Luke Catholic Church - Office of Religious Education**  
1111 Beach Park Blvd., Foster City, CA 94404  
Phone: (650) 345-6660; (650) 574-9191   Fax: (650) 345-8167

## Godparent/Sponsor Information

**Godparent's Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**Godparent/Sponsor for:** \_\_\_\_\_

I understand that as a godparent or sponsor, I am to live a life in harmony with the nature of this responsibility, meaning, for example, that I regularly attend Mass; I receive the Eucharist regularly; I make use of the sacrament of Reconciliation; I am not in an irregular marriage; and I seek to the best of my understanding of my Catholic faith to be faithful to the teachings of the Church. I attest that I have received the Sacrament of Confirmation, and that I am at least 16 years old. I also understand that being a godparent or sponsor is a commitment of time. I will attend provided sessions for catechesis, the celebrations of liturgical rites, and other church events to the best of my ability. I further understand that being chosen as a godparent or sponsor is a lifetime commitment to be, as I am able, a faithful witness of the Catholic way of life to the individual I am called to serve. *If I am not a member of the same parish as the person who I am serving, then I will request and obtain a Letter of Good Standing from my own parish*, attesting to the fact that I attend Mass regularly on Sundays and Holy Days of Obligation, follow the precepts of the Church, and possess no impediments for serving as a godparent or sponsor.

\_\_\_\_\_ Please sign or write initial after reading the paragraph

**REMINDER:** If from another Parish, please attach the *Letter of Good Standing* from your Parish. Thank you!

### SPONSOR INFORMATION

**Complete Address:** \_\_\_\_\_

**Mobile Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

### SACRAMENTAL INFORMATION

- **Church of Baptism:** \_\_\_\_\_  
Complete Address: \_\_\_\_\_
- **Church of Confirmation:** \_\_\_\_\_  
Complete Address: \_\_\_\_\_
- **Church of Wedding:** \_\_\_\_\_  
Complete Address: \_\_\_\_\_  
Marital Status:    Married    By a Catholic Priest   Year of Wedding: \_\_\_\_\_
- **Parish Where You Are Currently Registered:** \_\_\_\_\_  
Complete Address: \_\_\_\_\_  
Pastor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

