



**Saint Augustine Church Faith Formation Program**  
**2017/2018 Registration Form Grades 1 through 7**  
**Sacramental Prep/Continuing Religious Education/Rite of Christian Initiation for Children and Teens**  
**(RCIA Children and Teens)**  
**Forma de Registración Preparacion de Primera Comunión**

(Please check)

(English Only)

**Sacramental Prep/**  **Post-Communion/Cont. Rel. Ed.**

**RCIA - Children and Teens/Sunday 9:30am**

Year 1/Primer Año  Year 2/Segundo Año  Sunday  Tues

Year 1  Year 2

Espanol (solamente Domingo)

English

Sunday  Tuesday

Student's Name/Nombre de niño/a : \_\_\_\_\_

Student's Address/Dirección de casa : \_\_\_\_\_

\_\_\_\_\_

Phone number /Telefono: ( ) \_\_\_\_\_

Date of Birth/Fecha de nacimiento : \_\_\_\_/\_\_\_\_/\_\_\_\_

Place of Birth (city, state, country)/Lugar de nacimiento (ciudad, estado, país)

**Name of Public School/nombre de la escuela** \_\_\_\_\_ **Grade/grado de escolar :** \_\_\_\_

Have you ever attended Religious Education at St. Augustine Church before? If so, what class were you last enrolled in? What was the teacher's name (i.e., 1st year First Communion Prep, 2nd year First Communion Prep, etc.)?

¿Su hijo/a has participado en las clases de educación religiosa de san agustin anteriormente? si la respuesta es si por favor sea especifico/a (la clase y nombre de maestra)

**Baptismal Information Date of Baptism:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Church:** \_\_\_\_\_

**Address:**

**City, State:** \_\_\_\_\_

(Office Use Only: Copy of Certificate of Baptism Provided? Yes\_\_ No\_\_)

(Continuing Religious Education Students Only)

**1st Communion Information Date of First Comm.:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Church:** \_\_\_\_\_

**City, State:** \_\_\_\_\_

(Office Use Only: Copy of Certificate of Baptism Provided? Yes\_\_ No\_\_)

**Mother/Guardian Name/Nombre de**  
**mama/guardian**

Mother's Cell/Celular/Mama ( ) \_\_\_\_\_

Mother's Work#/Trabajo/Mama ( ) \_\_\_\_\_

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

Address/Phone (if different from above)

Dirección (si es diferente a la de arriba)

\_\_\_\_\_

\_\_\_\_\_

Religion \_\_\_\_\_

**Father/Guardian Name/Nombre de**  
**mama/guardian**

Father's Cell/Celular/Papa ( ) \_\_\_\_\_

Father's Work/Trabajo/papa ( ) \_\_\_\_\_

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

Address/Phone (if different from above)

Dirección (si es diferente a la de arriba)

\_\_\_\_\_

\_\_\_\_\_

Religion \_\_\_\_\_

If parents are divorced, with whom does the child reside?/Si Estan divorciados con quien vive el niño/a:

\_\_\_\_\_

\*\*\*\*\*

Office Use Only: Catechist: \_\_\_\_\_

Medical Information/ Informacion Medica



Are there any chronic conditions or illness of which the Faith Formation Program staff should be aware (e.g., epilepsy, allergies, etc.)?

¿Su hijo/a padece de alguna condicion cronica o alguna enfermedad, de la cual el staff de educacion religiosa deba estar al tanto (ejemplo: alergias, epilsia, etc.)?

\_\_\_\_\_

\_\_\_\_\_

Is your child on regular, daily medication? If yes, name of medication?

Su hijo/a toma medicina regularmente, o a diario? Si, nombre del medicamento

\_\_\_\_\_

In my absence, I hereby give consent to any St. Augustine staff member to provide all emergency care prescribed by a duly licensed physician for my child, \_\_\_\_\_ . This care may be given under whatever conditions are necessary to preserve the life or wellbeing of my dependent.

En caso de emergencia autorizo al personal de la iglesia catolica de san agustin en culver city a proveer atencion medica si fuera necesario para mi hijo/a, \_\_\_\_\_

Parent's Signature/Firma del padre/madre \_\_\_\_\_

Address /Direccion \_\_\_\_\_

\_\_\_\_\_

Phone number/Telefono (\_\_\_\_) \_\_\_\_\_

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

<b>For Office Use Only</b>	
Religious Education Fee:	1 <sup>ST</sup> year: 1 child 110.00; 2 children \$200; 3+-\$250.00, Cont. Rel. Ed. Students: \$75.00 2 <sup>ND</sup> year students: 120.00/per student
<i>ADDITIONAL \$5.00 per family discount for all Registered St. Augustine Parishioners-BRING YOUR ENVELOPE #</i>	
Fee Paid Yes___ No___ Registered Parishioner: Envelope #_____	
Amount Paid \$___ Check #_____ Receipt #_____ (For Cash Only) BALANCE FROM 2015/2016: _____ Payment	
Plan: \$___ #___/monthly payments = _____	
Date: _____ Monthly Payment #1: \$___/Receipt/Chk. #_____	BALANCE _____
Date: _____ Monthly Payment #2: \$___/Receipt/Chk. #_____	BALANCE _____
Date: _____ Monthly Payment #3: \$___/Receipt/Chk. #_____	BALANCE _____
Catechist Name: _____	