

Registrations must be returned in person.

ST. TIMOTHY CATHOLIC COMMUNITY
29102 CROWN VALLEY PARKWAY
LAGUNA NIGUEL, CA 92677
(949) 495-4126

Fee for 2018/2019:
Reconciliation & Eucharist
= \$60

Sacrament Registration Form for Catholic School Students

Please print.

Family Last Name _____ Today's date _____

Father/Guardian's Name _____ Home phone _____ Cell/other _____

Father/Guardian's Religion _____

Mother/Guardian's Name _____ Home phone _____ Cell/other _____

Mother/Guardian's Religion _____

(PLEASE WRITE THE ADDRESS WHERE YOU PREFER TO RECEIVE MAIL FROM US):

Address _____ Apt.# _____ City _____ Zip _____

E-MAIL ADDRESS _____

Are you currently registered in any parish? Y N If yes, name of parish _____

Name of Catholic school currently attending: _____

Attach a copy of your child's Baptismal Certificate to this form (unless previously submitted).

First	Child's <u>Legal</u> Name		Sex: M/F	ALLERGY OR MEDICAL CONDITION	Date of Birth	Current Grade
	Middle	Last				

If separated or divorced, do you have sole or shared custody court papers? sole shared.

We ask this so that parents may make joint decisions about dates for Sacrament celebrations.

Are you a foster parent to the children you are enrolling? yes no does not apply

If you are enrolling adopted children, do you have final court documents? yes not yet does not apply

FOR OFFICE USE ONLY

Check # _____ Cash _____ Date Received _____ Paid _____ Balance _____

Notes _____ Batch # _____