

Our Lady of Guadalupe Mission CCD Program

285 Alvarado Street, Brisbane, CA 94005

Nancy Lacsamana Director: 415-385-0387 cell

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STUDENT REGISTRATION FORM

Room: _____

PLEASE PRINT - LETRA DE MOLDE

PRIMARY CONTACT for EMAILS: Mother: _____

Father: _____ Other Name: _____ Cellphone # _____

Child #1 - additional children see page 2 (if any)

CHILD'S BAPTISMAL NAME: _____ **AGE:** _____ **GENDER:** _____

Birth Date: _____ City/State of Birth: _____

Date of Baptism: _____ Church/City: _____

(Please submit copy of Baptismal Certificate)

Religious Education Program previously attended if any: _____

First Penance/Reconciliation Date: _____ Church: _____

First Eucharist/Communion Date: _____ Church: _____

School Attending: _____ Grade in September: _____

Allergies/Learning Disabilities/Medication: _____

Student(s) Lives with: () Both Parents () Mother () Father () Guardian

FATHER'S FULL NAME: _____ Home Phone: _____

Address: _____ Cell Phone: _____

City/State/Zip: _____ Father's Religion: _____

MOTHER'S FULL NAME: _____ Home Phone: _____

Address: _____ Cell Phone: _____

City/State/Zip: _____ Mother's Religion: _____

EMERGENCY CONTACT (other than parent/guardian): In the event we cannot be reached in an emergency, we hereby give

Name: _____ Relationship _____ Phone: _____

Name: _____ Relationship _____ Phone: _____

****If attending in person at Mission, where will child go after class?** _____

REGISTRATION FEE: Make check payable to: Church of the Visitation

1 Student - \$ 65.00

2 Students - \$120.00 3+ Students - \$175.00

Amount Rec'd _____

Paid by _____

Received by: _____

Room # _____

Child #2

CHILD'S BAPTISMAL NAME: _____ **AGE:** _____ **GENDER:** _____

Birth Date: _____ City/State of Birth: _____

Date of Baptism: _____ Church/City: _____

(Please submit copy of Baptismal Certificate)

Religious Education Program previously attended if any: _____

First Penance/Reconciliation Date: _____ Church: _____

First Eucharist/Communion Date: _____ Church: _____

School Attending: _____ Grade in Sept: _____

Allergies/Learning Disabilities/Medication: _____

Room # _____

Child #3

CHILD'S BAPTISMAL NAME: _____ **AGE:** _____ **GENDER:** _____

Birth Date: _____ City/State of Birth: _____

Date of Baptism: _____ Church/City: _____

(Please submit copy of Baptismal Certificate)

Religious Education Program previously attended if any: _____

First Penance/Reconciliation Date: _____ Church: _____

First Eucharist/Communion Date: _____ Church: _____

School Attending: _____ Grade in Sept: _____

Allergies/Learning Disabilities/Medication: _____

PLEASE READ

I **agree to abide** by the regulations set forth by School of Religion at the Church of the Visitation.

I recognize the importance of **regular attendance** and **attention to homework** and will do my best to help my child in his/her work. I also recognize the importance of **attending Sunday Mass** and **doing daily prayer**. I will do my best to foster these practices.

The School of Religion is not responsible should the student get injured while playing in the school playground.

Parent's/Guardian's Name: _____

Parent's/Guardian's Signature: _____ **Date:** _____

Child #1-Student's Signature: _____ **Date:** _____

Child #2-Student's Signature: _____ **Date:** _____

Child #3-Student's Signature: _____ **Date:** _____