

Our Lady of Guadalupe Church  
2020 E. San Antonio Street  
San Jose, CA 95116  
408/926-9287

**CATECHISM  
REGISTRATION FORM  
2016-2017**

For Office Use Only					
Grade _____	Day of class	<input type="checkbox"/> M	<input type="checkbox"/> T	<input type="checkbox"/> W	<input type="checkbox"/> F
Language / Idioma		Sacrament			
<input type="checkbox"/> English		RCIA	<input type="checkbox"/>		
<input type="checkbox"/> Spanish		Communion	<input type="checkbox"/>		
		Confirmation	<input type="checkbox"/>		
		Baptism Cert Received	<input type="checkbox"/>		

Child's name: \_\_\_\_\_  
*(Name of child as it is on their birth or baptism certificate)*

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ School grade: \_\_\_\_\_

Home Phone #: \_\_\_\_\_

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

City: \_\_\_\_\_ State: CA Zip: \_\_\_\_\_

Name of Father: \_\_\_\_\_ Father's work #: \_\_\_\_\_

Father's cell #: \_\_\_\_\_

Name of Mother: \_\_\_\_\_ Mother's work #: \_\_\_\_\_

Mother's cell #: \_\_\_\_\_

Does your child take medication?  NO  YES IF YES, LIST WHAT FOR AND THE NAME:

<input type="checkbox"/> Learning Disability	MEDICATION: _____
<input type="checkbox"/> Allergies	MEDICATION: _____
<input type="checkbox"/> Other	MEDICATION: _____

**EMERGENCY INFORMATION (NOT PARENTS):**

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

**PAYMENT PLANS**

- OPTION A** Balance in full by January 15, 2017.
- OPTION B** Balance installments are September 15th, January 15th and March 30, 2017.
- OPTION C** Payment in full.

**NAME OF SIBLING #2** \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ School grade: \_\_\_\_\_

Does your child take medication?  NO  YES  Learning Disability

IF YES, LIST WHAT FOR AND THE NAME:  Allergies

MEDICATION: \_\_\_\_\_  
MEDICATION: \_\_\_\_\_  Other \_\_\_\_\_

<b>FOR OFFICE USE ONLY - Sibling #2</b>			
Grade _____	Day of class	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> F	
<b>Language / Idioma</b>	<b>Sacrament</b>		Baptism Cert Received <input type="checkbox"/>
<input type="checkbox"/> English	RCIA	<input type="checkbox"/>	
<input type="checkbox"/> Spanish	Communion	<input type="checkbox"/>	
	Confirmation	<input type="checkbox"/>	

**NAME OF SIBLING #3** \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ School grade: \_\_\_\_\_

Does your child take medication?  NO  YES  Learning Disability

IF YES, LIST WHAT FOR AND THE NAME:  Allergies

MEDICATION: \_\_\_\_\_  
MEDICATION: \_\_\_\_\_  Other \_\_\_\_\_

<b>FOR OFFICE USE ONLY - Sibling #3</b>			
Grade _____	Day of class	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> F	
<b>Language / Idioma</b>	<b>Sacrament</b>		Baptism Cert Received <input type="checkbox"/>
<input type="checkbox"/> English	RCIA	<input type="checkbox"/>	
<input type="checkbox"/> Spanish	Communion	<input type="checkbox"/>	
	Confirmation	<input type="checkbox"/>	

**NAME OF SIBLING #4** \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ School grade: \_\_\_\_\_

Does your child take medication?  NO  YES  Learning Disability

IF YES, LIST WHAT FOR AND THE NAME:  Allergies

MEDICATION: \_\_\_\_\_  
MEDICATION: \_\_\_\_\_  Other \_\_\_\_\_

<b>FOR OFFICE USE ONLY - Sibling #4</b>			
Grade _____	Day of class	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> F	
<b>Language / Idioma</b>	<b>Sacrament</b>		Baptism Cert Received <input type="checkbox"/>
<input type="checkbox"/> English	RCIA	<input type="checkbox"/>	
<input type="checkbox"/> Spanish	Communion	<input type="checkbox"/>	
	Confirmation	<input type="checkbox"/>	