

St. Isidore Faith Formation 2018-2019

Registration Form

440 La Gonda Way, # 210, Danville, CA 94526
Office Phone (925) 362-1900 FAX (925) 362-1929

Class Assignment: _____
Tues Weds

Student Information:

Last Name: _____ First: _____ Middle: _____
Date of Birth: _____ Gender: Male Female
Grade in the Fall of 2018: _____ School Attending: _____
Previous Catholic Religious Ed: Yes No If Yes, Parish/School: _____ Year: _____
Parents Marital Status: Married Single Divorced Widowed
Child lives with: Both Parents Mother Father Other _____

Sacrament Information: (A Baptismal Certificate must be included if your child is receiving a Sacrament.)

Baptism: Yes No If Yes, Name of Church: _____ Denomination: _____
First Reconciliation: Yes No First Communion Yes No Confirmation: Yes No

Children must faithfully complete two consecutive years of Faith Formation in order to receive sacraments.

Father/ Guardian Information:

Last Name: _____ First: _____
Home Address: _____ City _____ Zip _____
Cell Phone: _____ Email: _____ Religion: _____

Mother/ Guardian Information:

Last Name: _____ First: _____ Maiden: _____
Home Address: _____ City _____ Zip _____
(If different from above)
Cell Phone: _____ Email: _____ Religion: _____

Program Choices: (Please see last page of this packet for payment information)

Little Farmers (3-5 yrs. old) 9:00 am Mass
Kindergarten - 5th grade: Tuesday 4:00 -5:00 pm Wednesday 4:00-5:00 pm
Middle School - 6th-8th Grade Wednesday Eve 7:00 -8:00 pm
High School Confirmation (1st year) (Times Vary) Your child will receive a newsletter with workshop choices.
High School Confirmation (2nd year) Wednesday 7:00-8:30 pm Sunday 7:00-8:30 pm

For office use only

Registration Date: _____ Amount Pd: _____ Balance: _____ CK# _____ Cash VISA/MC
Baptismal Certificate Attached Needs POF: Sacramental Fee Paid