



**ST. CHARLES BORROMEIO PARISH  
CATHOLIC FAITH FORMATION  
7584 CENTER PARKWAY, SACRAMENTO, CA 95823  
PARENTS / FAMILY PROFILE**

**Information for Correspondence and Records:**

Father's name \_\_\_\_\_  
Father's Home phone (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_  
Email \_\_\_\_\_  
Occupation \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
City \_\_\_\_\_ Zip Code \_\_\_\_\_

Mother's Name \_\_\_\_\_  
Mother's Home phone (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_  
Email \_\_\_\_\_  
Occupation \_\_\_\_\_  
Mailing Address (if different from above) \_\_\_\_\_  
City \_\_\_\_\_ Zip Code \_\_\_\_\_

Emergency No. (\_\_\_\_) \_\_\_\_\_ Contact Person \_\_\_\_\_  
Marital Status: Married \_\_\_\_\_ Not married \_\_\_\_\_ Widow/Widower \_\_\_\_\_  
Divorced / Separated \_\_\_\_\_ Single Parent: \_\_\_\_\_  
No. of Siblings / Children \_\_\_\_\_ Age: (Oldest to youngest) \_\_\_\_\_  
Registered Parish \_\_\_\_\_  
If not registered do you want to register \_\_\_\_\_

**Students to be enrolled:** \_\_\_\_\_ Date: \_\_\_\_\_  
CHILD'S LEGAL NAME \_\_\_\_\_  
DATE OF BIRTH \_\_\_\_\_  
PLACE OF BIRTH \_\_\_\_\_  
GRADE in School \_\_\_\_\_  
NAME of School Attending at Present \_\_\_\_\_  
School Address: \_\_\_\_\_  
Health Status / Issues \_\_\_\_\_

SACRAMENT/S need to receive:  
Baptism \_\_\_\_\_ Reconciliation \_\_\_\_\_  
Eucharist \_\_\_\_\_ Confirmation \_\_\_\_\_