

St Justin Martyr Church

Faith Formation Registration

2050 W Ball Road, Anaheim, CA 92804

Term: 2020-2021

Member #: _____

FAMILY INFORMATION

Family Last Name: _____

Date: _____

Father's Name: _____

Father's Cell: _____

Mother's Name: _____

Mother's Cell: _____

Mother's Maiden: _____

Email Address: _____

Home Phone: _____

Emergency Contact: _____

Home Address: _____

Emergency Phone: _____

City, ST Postal: _____

Both Parents Catholic? Yes No

STUDENT #1 INFORMATION

Child Name: _____

Last Name if different: _____

Gender: Male Female

Sacraments Received Check & Date All Below

Birth Date: _____

Baptism: _____

Grade: _____

Reconciliation: _____

Session Day: _____

First Communion: _____

T-shirt size: _____

Confirmation: _____

Special Needs (Medical, Learning Disabilities, Physical Disabilities, etc):

STUDENT #2 INFORMATION

Child Name: _____

Last Name if different: _____

Gender: Male Female

Sacraments Received Check & Date All Below

Birth Date: _____

Baptism: _____

Grade: _____

Reconciliation: _____

Session Day: _____

First Communion: _____

T-shirt size: _____

Confirmation: _____

Special Needs (Medical, Learning Disabilities, Physical Disabilities, etc):

NOTE: Copy of Baptisms and or First Communion certificates are required in order to finalized registration.

Tuition DUE: _____

Tuition PAID: _____

Signature: _____

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Additional Students

STUDENT #3 INFORMATION

Child Name: _____

Gender: Male Female

Birth Date: _____

Grade: _____

Session Day: _____

T-shirt size: _____

Last Name if different: _____

Sacraments Received Check & Date All Below

Baptism: _____

Reconciliation: _____

First Communion: _____

Confirmation: _____

Special Needs(Medical, Learning Disabilities, Physical Disabilities, etc):

STUDENT #4 INFORMATION

Child Name: _____

Gender: Male Female

Birth Date: _____

Grade: _____

Session Day: _____

T-shirt size: _____

Last Name if different: _____

Sacraments Received Check & Date All Below

Baptism: _____

Reconciliation: _____

First Communion: _____

Confirmation: _____

Special Needs(Medical, Learning Disabilities, Physical Disabilities, etc):

STUDENT #5 INFORMATION

Child Name: _____

Gender: Male Female

Birth Date: _____

Grade: _____

Session Day: _____

T-shirt size: _____

Last Name if different: _____

Sacraments Received Check & Date All Below

Baptism: _____

Reconciliation: _____

First Communion: _____

Confirmation: _____

Special Needs(Medical, Learning Disabilities, Physical Disabilities, etc):

NOTE: Copy of Baptism and or First Communion certificates are required in order to finalized registration.