

**Queen of Apostles Parish**  
**Family Faith Formation Registration**  
**4911 Moorpark Ave. San Jose, CA 95129**

| Child's Name   | Birth date | City, State of Birth<br>(not residence) | 2019-20<br>School Grade | Gender |
|--|------------|---|-------------------------|--------|
| <div style="display: flex; justify-content: space-between;"> <span style="width: 45%;">Last Name, First Name</span> </div> |            |   |                         |        |

Mailing Name: \_\_\_\_\_

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

City, Zip: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Mother's Full Name: \_\_\_\_\_ Emerg. Contact: \_\_\_\_\_

Mother's Maiden Name: \_\_\_\_\_ Emerg. Phone: \_\_\_\_\_

Father's Full Name: \_\_\_\_\_

Custodial Parent, if different from above: \_\_\_\_\_

Mailing Address if different from above: \_\_\_\_\_

Doctor's Name \_\_\_\_\_ Phone # \_\_\_\_\_

Medical Clinic (If Applicable): \_\_\_\_\_ Card # (If Applicable): \_\_\_\_\_

Special Needs: medical, learning disabilities, physical disabilities: \_\_\_\_\_

If your child has received any of the 3 sacraments below, provide the following for each sacrament:

| Baptism                  | Reconciliation           | Eucharist                |
|--------------------------|--------------------------|--------------------------|
| Parish: _____            | Parish: _____            | Parish: _____            |
| City: _____              | City: _____              | City: _____              |
| State: _____ Date: _____ | State: _____ Date: _____ | State: _____ Date: _____ |

**Note:** If your child was baptized outside of Queen of Apostles, and you have not already supplied us with a copy of his/her baptismal record, you will need to supply a copy for our files.

**IN THE EVENT OF A MEDICAL EMERGENCY, if I cannot be contacted, I give Queen of Apostles Family Faith Formation Program permission to obtain suitable medical assistance for my child.**

\_\_\_\_\_

Signature of Parent or Guardian Date