

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

Child's Name	Birth date	City, State of Birth (not residence)	2020-2021 School Grade	Gender
<div style="display: flex; justify-content: space-between;"> Last Name, _____ First Name _____ </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