

REGISTRATION FORM 2019-2020

FOR OFFICE USE ONLY

REG. FEE. _____

CHECK # _____

CASH _____

DATE _____

Bap. Cert on file: Y N

ST. COLUMBA MINISTRY CENTER
Office of Catechetical Ministry
3327 GLENCOLUM DR.
SAN DIEGO, CA. 92123
(858) 277-3861 StColumbaDCM@gmail.com

TODAY'S DATE: _____

FAMILY NAME: _____

STREET ADDRESS _____

P.O. BOX _____

CITY/ STATE: _____ **ZIP CODE:** _____

PHONE: Home(____) _____ **Cell** (____) _____

Email address _____

PARENTS/GUARDIANS

FATHER (OR MALE GUARDIAN)

MOTHER (OR FEMALE GUARDIAN)

NAME: _____

NAME: _____

Business/occupation: _____

MAIDEN NAME: _____

PHONE: (____) _____

Business/occupation: _____

PHONE: (____) _____

RELIGION: _____

RELIGION: _____

MARITAL STATUS: _____

MARITAL STATUS: _____

EMERGENCY INFORMATION

In the event of an emergency, if you are unable to reach me, PLEASE contact the following:

NAME: _____

RELATIONSHIP TO STUDENT: _____ **PHONE NUMBER: (____)** _____

REGISTRATION FEES

One child - \$60.00
Two children - \$100.00
Three or more (in one family) - \$125.00

Sacrament Fee - \$25.00

CLASS TIMES

Preschool & Kindergarten (3 – 5 years old)
Sunday, 9:30am – 10:30am
Grades 1 – 8: Sunday, 10:45am – 12:00pm
High School/Youth: Sunday, 10:45am – 12:00pm

**REGISTRATION FEES SHOULD BE SUBMITTED WITH THIS FORM OR ONLINE
IF NOT ON FILE, PLEASE INCLUDE A COPY OF EACH CHILDS BAPTISMAL CERTIFICATE**

Parent Signature

Date

Student Information

NAME _____ Date of Birth _____ Religion _____ Grade _____ School _____ M/F _____

SACRAMENTS **Date** **Parish** **Address**

Baptism _____

Reconciliation _____

First Eucharist _____

Confirmation _____

Does he/she have special learning problems? Yes ___ No ___ Describe _____

Does he/she have any medical problems? Yes ___ No ___ Describe _____

Was he/she enrolled in Religious Education last year? Yes ___ No ___ If Yes, where and when has your student received formal religious education?

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