



St. Frances Cabrini Parish

15333 Woodard Rd. San Jose, CA 95124
Phone: 408-879-1120 Fax: 408-377-3587 Email: parish_office@sfcabrini.org

Catechetical Formation Class Registration Form

Father's Full Name _____

Address _____
Street, City, State, ZIP

E-Mail Address _____ Phone Number _____

Mother's Full Name _____

Address _____
Street, City, State, ZIP if different from above

E-Mail Address _____ Phone Number _____

Full Name of Student _____

Address _____
Street, City, State, ZIP if different from above

Registered Parish _____
Name, City

School Attending _____
Name, City

Grade _____ Teacher _____
Name

Date of Birth ____/____/____ Place of Birth _____
MM DD YYYY City, State/Province, Country

Date of Baptism ____/____/____ Church of Baptism _____
MM DD YYYY Name of Church

Church Location _____
City, State/Province, Country

Receiving a Sacrament * First Eucharist Confirmation
check if the child is preparing to receive a sacrament

*** If the child is preparing for a sacrament, please fill out the sacrament registration form in addition to this form.**

| | | | | |
|---|------------|----------------------------------|------------------------------|------------------------------------|
| TO BE COMPLETED BY PARISH OFFICE | | <small>Rev. 2022.08.06.a</small> | Date Received ____/____/____ | |
| Parish ID _____ | Student 1 | Baptism _____ | Eucharist _____ | Confirmation <u>not applicable</u> |
| | Student 2 | _____ | _____ | <u>not applicable</u> |
| | Student 3 | _____ | _____ | <u>not applicable</u> |
| | Student 4 | _____ | _____ | <u>not applicable</u> |
| Class Year Registered _____ | Date _____ | Fee _____ | | |

Please include Class fee when submitting this form

St. Frances Cabrini Parish

Catechetical Formation Class Registration Additional Students

Full Name of 2nd Student _____

Address _____
Street, City, State, ZIP if different from first page

School Attending _____
Name, City

Grade _____ Teacher _____
Name

Date of Birth ____/____/____ Place of Birth _____
MM DD YYYY City, State/Province, Country

Date of Baptism ____/____/____ Church of Baptism _____
MM DD YYYY Name of Church

Church Location _____
City, State/Province, Country

Receiving a Sacrament * First Eucharist Confirmation
check if the child is preparing to receive a sacrament

Full Name of 3rd Student _____

Address _____
Street, City, State, ZIP if different from first page

School Attending _____
Name, City

Grade _____ Teacher _____
Name

Date of Birth ____/____/____ Place of Birth _____
MM DD YYYY City, State/Province, Country

Date of Baptism ____/____/____ Church of Baptism _____
MM DD YYYY Name of Church

Church Location _____
City, State/Province, Country

Receiving a Sacrament * First Eucharist Confirmation
check if the child is preparing to receive a sacrament

*** If the child is preparing for a sacrament, please fill out the sacrament registration form in addition to this form.**

TO BE COMPLETED BY PARISH OFFICE

Rev. 2022.08.06.a

Parish ID _____

Date Received ____/____/____