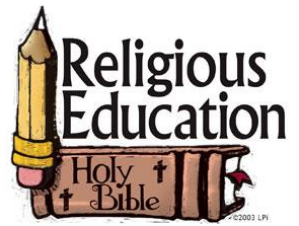




St. Raymond Catholic Church

2019- 2020



For the Parents or Legal Guardians to Fill Out

STUDENT INFORMATION/INFORMACION DEL ESTUDIANTE

Last Name: (Apellido)	Name: (Nombre)		
Birth Date: (Fecha de Nacimiento)	Country: (País)		
Address: (Dirección)	Zip Code: (Código Postal)		
School: (Escuela)	Grade: (Grado)	Age: (Edad)	Height: (Estatura)

Two courses of preparation are needed to receive the sacraments.
Para recibir los sacramentos se necesita dos cursos de preparación.

First year of CCD?: YES / NO
(Primer año de CCD?) SI / NO

SACRAMENTS (SACRAMENTOS)	YES OR NO (SÍ O NO)	CHURCH (PARROQUIA)	DATE (FECHA)	COUNTRY (PAÍS)
Baptism (Bautismo)				
First Communion (Comunión)				

Parents Information / Información de los Padres

Name of the Father: _____ (Nombre del Padre) Home Phone: _____ Cell Phone: _____ Address (if different from student's): _____ ***E-mail: _____	Religion: (Religión)
Full name of the Mother: _____ (Nombre de la Madre con apellido de soltera) Home Phone: _____ Cell Phone: _____ Address (if different from student's): _____ ***E-mail: _____	Religion: (Religión)

Married in the Catholic Church/Casados por la Iglesia Católica? _____	
Present civil state: single/married/divorce: _____ (Estado civil actual: solteros/casados/divorciados)	
Student lives with: <input type="checkbox"/> Both Parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other: _____	
Name of Legal Guardian (if other than parents): _____ (Nombre del Custodio Legal, si no son los padres) Home Phone: _____ Cell Phone: _____ Address (if different from student's): _____	Religion: (Religion)

Other information:

- **Are you currently attending Sunday Mass? :** _____
 We teach the students that as Catholics we have a serious duty to worship God at Mass every Sunday or Saturday evening).
 ¿Van a la Santa Misa? (Nosotros enseñamos a los estudiantes que como Católicos tenemos la obligación de asistir a la Santa Misa todos los domingos o sábados por la tarde)
- **Special needs or medication:** _____
 (Si el estudiante tiene necesidades especiales o si toma alguna medicina).

Permissions (Please fill with YES or NOT) / Por favor llenar el permiso con SI o NO

- _____ Do you give permission for your child to attend the *“Touching Safety Program”*? Is to give our children the tools they need to overcome the advances of someone who intends to do them harm.
- _____ Will you collaborate with the parish religious education program in the religious formation of your child by attendance at Sunday Mass, support of classroom rules, and participation in parent meetings?

Mother/Legal Guardian Signature: _____ Date: _____

Father/ Legal Guardian Signature: _____ Date: _____

FOR OFFICE USE ONLY

Day /Día	Class/Clase

**FEE: One Child \$110 ∞ Two children \$ 175
 Three children \$200**

Please make check payable to St. Raymond
 If not, you can pay with cash.

NOTES/NOTAS: