



San Rafael Parish Religious Education Registration

17252 Bernardo Center Drive, San Diego, CA 92128 (858) 487-0491

OFFICE USE ONLY:	
Reg. Fee	_____
Check #	_____
Cash:	_____
Sac. Fee	_____
Date:	_____
Rec'd by:	_____

Family Last Name: _____ Date: _____

Father's Name: _____ Catholic? _____ Dad Work # _____ Cell: _____

Mother's Name: _____ Catholic? _____ Mom Work # _____ Cell: _____

Custodial Parent, if different from above: _____ Emergency Contact Name: _____

_____ Emergency Phone: _____

Home Address: _____ Home Phone: _____

Email: _____ Phone to receive text alerts: _____

Child's Name _____ **Sex** _____ **Birthday** _____ **City/State of Birth:** _____

Grade _____ **Class Day** _____ **Public School Name** _____ **Public School Grade** _____

Sacrament: _____ **Date** _____ **Place sacrament was performed** _____ **Address of Church** _____

Baptism: _____

1st Reconciliation _____

1st Communion: _____

Special needs: medical, learning disabilities, physical disabilities: _____

Child's Name _____ **Sex** _____ **Birthday** _____ **City/State of Birth:** _____

Grade _____ **Class Day** _____ **Public School Name** _____ **Public School Grade** _____

Sacrament: _____ **Date** _____ **Place sacrament was performed** _____ **Address of Church** _____

Baptism: _____

1st Reconciliation _____

1st Communion: _____

Special needs: medical, learning disabilities, physical disabilities: _____

CLASS TIMES

Monday	4:00-5:15 p.m.	Grades 1, 2, 3, 4, 5 & Sacramental Classes <i>(for those students, grades 3-5, who have not received their sacraments.)</i>
Tuesday	4:00-5:15 p.m.	Grades 1 through 5
Wednesday	4:00-5:15 p.m.	Grades 1 through 5
Thursday	3:00-4:15 p.m.	Grades 1 through 5

NOTE: If any of your children were baptized outside of this parish, and you have not already supplied us with copy of each child's baptism record, you will need to supply a copy for our files.

REGISTRATION FEE

One Child - \$120 Two Children - \$160 Three or more Children - \$180
An additional fee of \$50 is charged for children receiving the Sacraments of Penance and Holy Eucharist.
Late fee of \$25 will be charged if registration is submitted after September 1st, 2018.

Child's Name _____ **Sex** _____ **Birthday** _____ **City/State of Birth** _____

Grade _____ **Class Day** _____ **Public School Name** _____ **Public School Grade** _____

Sacrament: _____ **Date** _____ **Place sacrament was performed** _____ **Address of Church** _____
Baptism: _____
1st Reconciliation _____
1st Communion: _____

Special needs: medical, learning disabilities, physical disabilities: _____

Child's Name _____ **Sex** _____ **Birthday** _____ **City/State of Birth** _____

Grade _____ **Class Day** _____ **Public School Name** _____ **Public School Grade** _____

Sacrament: _____ **Date** _____ **Place sacrament was performed** _____ **Address of Church** _____
Baptism: _____
1st Reconciliation _____
1st Communion: _____

Special needs: medical, learning disabilities, physical disabilities: _____

Child's Name _____ **Sex** _____ **Birthday** _____ **City/State of Birth** _____

Grade _____ **Class Day** _____ **Public School Name** _____ **Public School Grade** _____

Sacrament: _____ **Date** _____ **Place sacrament was performed** _____ **Address of Church** _____
Baptism: _____
1st Reconciliation _____
1st Communion: _____

Special needs: medical, learning disabilities, physical disabilities: _____