## **RESURRECTION CATHOLIC COMMUNITY**

## 2024-2025 Faith Formation Registration for Grades K-12

7600 Soquel Drive (P.O. Box 87), Aptos, CA 95001 (831) 688-4300 https://resurrection-aptos.org resurrectionparish@sbcglobal.net

1st Eucharist □ Y □ N Reconciliation □ Y □ Attended Faith Formation □ Y □ N # of Years? Attended Care High School Only: Youth Email Address: 2.  Sacrament(s) received: Baptism □ Y □ N Baptized at Resurrect	Youth Cell Phone:  ction				
Attended Faith Formation	Atholic School Y N # of Years?				
Attended Faith Formation   Y N # of Years? Attended Car	Youth Cell Phone:  ction				
2.  Sacrament(s) received: Baptism □ Y □ N Baptized at Resurrect  1st Eucharist □ Y □ N Reconciliation □ Y □  Attended Faith Formation □ Y □ N # of Years? Attended Car	ction    Y    N If not where: N    Confirmation    Y    N  atholic School    Y    N # of Years?  Youth Cell Phone:				
Sacrament(s) received: Baptism	N Confirmation Q Y Q N  atholic School Q Y Q N # of Years?  Youth Cell Phone:				
1st Eucharist □ Y □ N Reconciliation □ Y □ Attended Faith Formation □ Y □ N # of Years? Attended Car	N Confirmation Q Y Q N  atholic School Q Y Q N # of Years?  Youth Cell Phone:				
	Youth Cell Phone:				
High School Only: Youth Email Address:					
	Pantiamal Cartific				
For <b>additional children</b> see reverse side of this form.		otos oro	$\overline{\neg}$		
	Baptismal Certification required for all new				
Address:	GRADES K-8 (Thursday classes (does not include Sacrament F		•		
City: Zip:	1 Child:	\$85			
Mother or Guardian:	2 Children:	\$110			
Religion:	3 or More Children:	\$130			
Home #:Cell #:	Hama Cabaal antian anti-	Ć 4 E			
,	Home School option only (discount for additional childre	\$45 en)			
Email:	SACRAMENT PREPARATION FEES:				
Father or Guardian:	1 <sup>st</sup> Eucharist & 1st Reconciliati	ion \$80			
Religion:	Fee (Texts, Bible, Cross)				
Home #:Cell #:	High School Confirmation Fee	\$125			
Email:	(per year) (Retreat fees not included)				
	Circle: 1st Year or 2nd Year				
Child(ren) Primarily Reside(s) with:  ☐ Both Parents ☐ Father ☐ Mother	TOTAL:				
(In the same home)					
FOR OFFICE USE ONLY: date paid: amount: ca MR □ PR □ PDS: CO □ FO □ Initialed by:	cash/check # credit card				

Student's Name (Last, First, Middle)		M/F	Date of Birth	Current School	Grade
3.					
	•		n □ Y □ N If not where Confirmation □ Y		'
Attended Faith Formation 🗖 Y 🗖 N # of Years?	Atten	ided Catho	olic School 🗖 Y 🗖 N # c	f Years?	
High School Only: Youth Email Address:			Youth Cel	Phone:	
4.					
	•		n □ Y □ N If not where Confirmation □ Y		
Attended Faith Formation	Atten	ded Catho	olic School 🗖 Y 🗖 N # c	of Years?	
High School Only: Youth Email Address:			Youth Cel	Phone:	
5.					
· · ·	•		n □ Y □ N If not where Confirmation □ Y		
Attended Faith Formation	Atten	ided Catho	olic School 🗖 Y 🗖 N # c	of Years?	
High School Only: Youth Email Address:			Youth Cel	Phone:	