

BAPTISMAL CERTIFICATE COPY



ST. CHARLES BORROMEEO - RELIGIOUS EDUCATION  
 10850 MOORPARK ST. ROOM # 13  
 NORTH HOLLYWOOD, CALIFORNIA 91602  
 (818) 980-1826



NEEDS TO BE BAPTIZED

**FAMILY REGISTRATION FORM / REGISTRACION 2015-2(2016-17**

Family Name/ Apellido: \_\_\_\_\_ Email: \_\_\_\_\_ Date/Fecha: \_\_\_\_\_

Street Address/Direccion: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Address mail to: Mr./Mrs. Mr. Mrs. Miss. Dr./Mrs. Mr./Dr. Other \_\_\_\_\_

Registered at St. Charles/Registrados en St. Charles: Yes/Si No/No If Yes/Si: \_\_\_\_\_

**CHILD LIVES WITH** \_\_\_\_\_

**HOME PHONE NUMBER/TELEFONO DE CASA:** \_\_\_\_\_

Father Information/Informacion del Padre

Mother Information/Informacion de la Madre

Name/Nombre: \_\_\_\_\_

Maiden Name/Nombre de Soltera: \_\_\_\_\_

Business/Ocupacion: \_\_\_\_\_

Business/Ocupacion: \_\_\_\_\_

Work Phone/Telefono del Trabajo: \_\_\_\_\_

Work Phone/Telefono del Trabajo: \_\_\_\_\_

Cell Phone/Telefono Celular : \_\_\_\_\_

Cell Phone/Telefono Celular : \_\_\_\_\_

Religion/Religion: \_\_\_\_\_

Religion/Religion: \_\_\_\_\_

Marital Status/Estado Civil: \_\_\_\_\_

Marital Status/Estado Civil: \_\_\_\_\_

STUDENT NAME NOMBRE DEL ESTUDIANTE	GRADE IN SEPT.	BIRTHDAY FECHA DE	Has your child received the following Sacraments? Ha recibido su hijo (a) los siguientes Sacramentos?			SCHOOL ATTENDING
	GRADO EN SEPT.	NACIMIENTO	BAPTISMAL / BAUTIZO	COMMUNION / COMUNION	CONFIRMATION / CONFIRMACION	LA ESCUELA QUE ASISTE
			Yes / Si ___ No ___	Yes / Si ___ No ___	Yes / Si ___ No ___	
			Yes / Si ___ No ___	Yes / Si ___ No ___	Yes / Si ___ No ___	
			Yes / Si ___ No ___	Yes / Si ___ No ___	Yes / Si ___ No ___	
			Yes / Si ___ No ___	Yes / Si ___ No ___	Yes / Si ___ No ___	

Do any of these children have physical or learning disabilities? / Alguno de los niños (as) tienen dificultad en aprender o algún problema físico? \_\_\_\_\_  
 (Please identify both the child and the disability / Por favor identifique al niño (a) y su problema)

Emergency phone # and name of person to contact / Telefono y nombre de la contacto en caso de emergencia \_\_\_\_\_

The children named above have my permission to participate in all regularly planned Religious Education activities. Our family understands that registering our children at St. Charles Religious Education classes means that **WE ARE ALSO MAKING A COMMITMENT TO ATTEND CHURCH REGULARLY** and **PARTICIPATE IN SUCH PARENT ACTIVITIES ANY MEETING THAT WILL BE ASKED OF US.** This is to help keep us informed and be active in our children's Religious Education.

Los niños mencionados arriba tienen mi permiso para participar en todas las actividades del Programa de Educación Religiosa. Nuestra familia entiende que al registrar nuestros hijos/as en la Educación Religiosa de St. Charles quiere decir: **QUE VAMOS A COMPROMETERNOS A ASISTIR A MISA REGULARMENTE** y **PARTICIPAR EN LAS ACTIVIDADES Y JUNTAS QUE VAN A EXIGIRNOS.** Es para informarnos y estar activos en la educación religiosa de nuestros hijos.

In order to be in compliance with the U.S. Bishops' "Charter for the Protection of Children and Young People," **the Virtus Teaching Touching Safety Program for Children** will be implemented in the Religionus Education program.  
 Your signature gives permission for your child's participation. \_\_\_\_\_ (Signature of parent/guardian)

Preferred Language / Idioma de preferencia: English / Ingles Spanish / Español