

2026-2027 Faith Formation Registration Cecilia Catholic Youth

St. Joseph and St. Rose of Lima

faithformation@stjosephcecilia.com

SACRAMENTAL PREPARATION: 1st Holy Eucharist - \$75

Please call the Director at (337) 230-3549 if you need financial assistance for your child's religious education.

Child's Full Name: _____
First Middle Last

Mailing Address: _____
Street Address City State Zip

Child's Date of Birth: ____/____/____ Gender (Circle One): Male Female
Month Day Year

Parishioner of (circle): St. Joseph St. Rose of Lima

Child Primarily Lives With (Circle One Below):

Both Parents in the Same Home Mother Father Shared Custody Other/Guardian

SEE SECOND CHART BELOW

Mother:		Father:	
Phone:	()	Phone:	()

Please fill out the chart below ONLY if the child lives with someone other than a parent.

Guardian's Name:		Phone: ()
Relationship to Child:		

SACRAMENTAL VERIFICATION

Baptism		First Holy Eucharist	
Year:	Church:	Year:	Church:
City, State:		City, State:	

Do you give consent for photos/videos to be used for media? (Circle one) Yes No

____ I have included cash. ____ I have included a check.

3 Payment Options

____ Please text me an invoice to pay online. I understand that my registration is not complete until my payment is received.

Parent/Guardian Signature: _____ Date: _____

If you are registering/paying for more than one student, please STAPLE the forms together and return with payment in full with the OLDEST CHILD.

Office Use Only

Date Paid in Full: _____ Cash ____ Check #: _____ Card Confirmation #: _____