2026-2027 Faith Formation Registration Cecilia Catholic Youth

St. Joseph and St. Rose of Lima faithformation@stjosephcecilia.com

SACRAMENTAL PREPARATION: Confirmation - $100

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

Candidate's Full Name: _____
First Middle Last

Candidate's Cell Phone (This is optional, but suggested): (_____)_____-_____

Mailing Address: _____
Street Address City State Zip

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

Parishioner of (circle): St. Joseph St. Rose of Lima T-Shirt Size (Adult): S M L XL XXL

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 #: _____