2026-2027 Faith Formation Registration Grade Level: _____

Cecilia Catholic Youth - St. Joseph/St. Rose of Lima faithformation@stjosephcecilia.com

NEW STUDENT - Cost: $30 per child / $25 for each additional child

This fee schedule ONLY applies to students NOT enrolled in 1st Communion or Confirmation.

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

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

Mailing Address:_____
Street Address City State Zip

Parish of Origin (Circle One): St. Joseph or 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 REGISTER: PLEASE ATTACH COPIES OF EACH THAT APPLY.

If your child is NOT BAPTIZED, please see the Director before turning in this form.

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

3 Payment Options

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

____ 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 #: _____