Cecilia Catholic Youth **Grade Level: _____**

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

2026-2027 Faith Formation Registration

Returning Student Form

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):
Month Day Year Male Female

Mailing Address:_____
Street Address City State Zip

Parish of Origin (Circle One): 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:		

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 **email all** forms together to faithformation@stjosephcecilia.com and return with payment in full with the **OLDEST CHILD.**

Office Use Only

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