St. Rose of Lima Church- Office of Religious Education
278 Alvarado St. Unit #2 Chula Vista, CA 91910
(619) 426-6717 www.strosecv.com

REGISTRATION 202-2025

Today's Date / / 24
Registered Parishioners? Yes ☐ No ☐ Envelope#_____

STUDENT INFORMATION

CHILD'S NAME: _____Grade for 2024/2025:_____
New student ☐ Returning student ☐

Birthdate & Place_____

Baptism Yes☐ No☐ Date_____ Church of Baptism & Address_____

First Communion Yes☐ No☐ Date_____ Church of First Communion _____

CHILD'S NAME: _____Grade for 2024/2025:_____
New student ☐ Returning student ☐

Birthdate & Place_____

Baptism Yes☐ No☐ Date_____ Church of Baptism & Address_____

First Communion Yes☐ No☐ Date_____ Church of First Communion _____

CHILD'S NAME: _____Grade for 2024/2025:_____
New student ☐ Returning student ☐

Birthdate & Place_____

Baptism Yes☐ No☐ Date_____ Church of Baptism & Address_____

First Communion Yes☐ No☐ Date_____ Church of First Communion _____

For Office Use

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FAMILY INFORMATION

Address:_____City and Zip code_____

Mother's Name:_____ Maiden Name:_____
Cell phone:_____ Text Yes ☐ No ☐

Father's Name:_____
Cell phone:_____ Text Yes ☐ No ☐
Parents: Single☐ Married☐ Separated☐ Divorced☐

OR

Guardian's Name:_____Cell phone:_____ Text Yes ☐ No ☐

Parent/Guardian email address:_____

Please provide an active email address that is checked frequently.

Responsible for pickup/drop off_____

Emergency Contact Name:_____Relationship:_____ Phone #_____
(other than parents)

Child's Health Information

Allergies:_____

Medications:_____

Special Needs:_____

Additional/helpful information:_____

Registration Fees

FIRST YEAR Sacrament Preparation: $130

SECOND YEAR Sacrament Preparation: $160

2 children- $60 for additional child

3 or more children- $50 for each additional child

Non-Parishioner: additional $50 per student

Payment Form:

☐ Credit Card/Authorization #_____
online

Amount paid $_____ Balance $_____