Paid amt: Date: ca/ck

SAN ROQUE CONFIRMATION Registration Form 2025-26

Please return this completed form to San Roque Office of Religious Education (mail or email) 325 Argonne Circle, Santa Barbara, CA 93105 / **education@sanroqueparish.org** / phone: 805-682-1097

☐ Year 1 ☐ Year 2 PARENT INFORMATION			m 1 1 5
		Today's Date: STUDENT INFORMATION	
MOTHER NAME:		STURDENT NAME:	Birth date:
Religion:	Maiden:	Gender: Age: Grade this fa	ıll: School:
Phone:	E-mail	Birth City:	State:
Address:		SACRAMENTS COMPLETED	
City:	State: Zip:	☐ Baptism Year: Church/L	ocation:
		☐ Reconciliation Year: Church/Le	ocation:
FATHER NAME:		☐ Eucharist Year: Church/L	ocation:
Religion:			
Phone:	E-mail	Allergies or special needs:	
Address:			
City:	State: Zip:	AUTHORIZED PHOTO PERMISSION	
Student lives with: Both Parents Mother Father Other Registered at San Roque Parish: Yes No, specify Parish name:		☐ I give permission for photos of my student to be used for the San Roque Church website/bulletin which will be posted online.	
EMERGENCY CONTACT:		☐ I do not give permission for photos of my student to be taken for the San Roque Church website/bulletin which will be posted online.	
Name:	Relationship:		-
Phone:		By signing, I am aware of the <u>requirement</u> to attend Mass with my student on Saturday or Sundays and on required days.	
<u>TUITION</u> :		student on Saturday of Sundays	and on required days.
\$50 – per child			
If a family requires financial a No family will be turned awa	aid <i>please</i> contact Noël Fuentes (see above). y based on ability to pay!	Parent Signature	Date

Information such as full legal names, maiden name, baptism certificate, etc. are necessary for your child to receive the sacraments through the Archdiocese of Los Angeles. Failure to provide all of the required information could prevent your child from receiving the sacraments at the appropriate time.

Please be thorough in your completion of this form.