

**St. Charles Borromeo - St. Romans Collaborative  
Catholic Youth Formation Program 2019-20**

**PLEASE PRINT CLEARLY**

**Date** \_\_\_\_\_

Parish Member of  St. Charles Borromeo  St. Roman  Other \_\_\_\_\_

**STUDENT INFORMATION**

Student's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Resides with  Both Parents  Mother  Father  Guardian

Primary Language spoken at home:  English  Spanish  Other \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email address \_\_\_\_\_

School attending \_\_\_\_\_ Grade as of 9/1/19 \_\_\_\_\_

Circle One: Male \_\_\_\_\_ Female \_\_\_\_\_ T-shirt Size \_\_\_\_\_

**Sacraments Received:** **Baptism**  Yes  No **Communion:**  Yes  No  
Baptized at: \_\_\_\_\_ Church \_\_\_\_\_

**Reconciliation:**  Yes  No

**PLEASE NOTE:** Students must be enrolled in either a Christian Formation Program or a CATHOLIC High School for 2 remote years prior to enrolling in the immediate Confirmation Preparation Program.

**FAMILY INFORMATION**

Family Name \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_

**PARENT INFORMATION**

Father's Name \_\_\_\_\_ Religion \_\_\_\_\_

Address (if different from above) \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Ethnicity \_\_\_\_\_

Mother's Name \_\_\_\_\_ Maiden Name \_\_\_\_\_

Address (if different from above) \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Ethnicity \_\_\_\_\_ Religion \_\_\_\_\_

\*\*\*Baptismal Certificate must be on file with the CYF office by September\*\*\*

(OVER)

**PARENT CONFIDENTIAL INFORMATION**

*The purpose for gathering this information is that we might be more sensitive to your family and your child (ren) in class*

Parents Marital Status:             Married             Separated             Divorced             Widowed

Occupation:     Father \_\_\_\_\_            Mother \_\_\_\_\_

Are there any physical, sensory, emotional or learning disabilities or any other special needs for this student?             Yes             No

If Yes, please list: \_\_\_\_\_

Are there any medications or medical conditions such as allergies, epipen, or diabetic needs for this student?             Yes             No

If Yes, please list: \_\_\_\_\_

\_\_\_\_\_

Are there any special considerations we need to accommodate for this student (i.e. interpreters, wheelchair accessibility, etc)?

Yes             No

If Yes, please list: \_\_\_\_\_

**OFFICE USE ONLY**

Date received: \_\_\_\_\_ Copy of Baptismal Certificate Received \_\_\_\_\_

Payment Received \_\_\_\_\_ Cash/ Check \_\_\_\_\_