



Father's Full Name		Mother's Full Na	ame			
Father's Cell Phone		Mother's Cell Phone				
Father's E-mail	Mother's E-mail					
Child Lives with (Please s	pecify Name, relation	on, phone, address)				
Emergency Contact – Firs	st Person to call (na	me/phone number/relat	tion to child(ren)			
Are you a registered famil	y at St. Martin of To	ours Parish? Yes o	r No			
If not, where are you regis	stered or attending	worship services				
Children registering for Fa	aith Formation:					
Child's Full Name	Birthdate	Grade in Sept	School	Baptized Catholic Yes/No		
1						
2						
3						
4						

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Are there any health, emotional or educational concerns we should be aware of regarding your children?

Would you like to volunteer as a Step Out teacher (2nd Sunday of the month), assistant teacher, or share a talent that inspires children in their faith? If yes please specify below:

Registration Fee for Faith Formation:

Registered Parishioners	Non-registered
1 child: \$60	1 child: \$70
2 children: \$90	2 children: \$100
3 children: \$100	3 children: \$110

Note: there is a separate registration form and fee for children preparing for First Reconciliation & First Holy Communion

Important Agreements: I agree Mass is an integral and essential part of the formation of my child's faith. I agree to attend Mass weekly with my child(ren).

The San Diego Diocese requires that parents/guardians agree to the release of liability which states: I hereby release, both individually and collectively, St. Martin of Tours Parish and catechetical staff, from any and all liability from the care and supervision of my children.

Parent/Gaurdian Signature	Date	