Parish Registration

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St. Mark's Catholic Church
1147 Discovery St.
San Marcos, Ca. 92078
(760) 744-1130 FAX (760) 744-3828

Religious Education Registration Form 2015/2016

Name: _____
Last First M.I.

Address: _____

City: _____ Zip Code: _____

Phone #_____ Date of Birth_____ M/F

Place of Birth: _____ school grade _____

Has child attended Religious Education Before? _____When? _____ Parish: _____

Sacramental Information

Please indicate if the child has already received or needs the Sacraments.

Baptism	Received	or	Needs
First Confession	Received	or	Needs
First Communion	Received	or	Needs
Confirmation	Received	or	Needs

Parent Information

Father's Name:_____ _____
Father's Religion: _____
Address or "same as child"" _____
_____
Home Phone: _____ Work Phone: _____
Cell: _____ email: _____

Mother's Name: _____
Mother's Religion: _____
Address or "same as child"" _____
_____
Home Phone: _____ Work Phone: _____
Cell: _____ email: _____

Emergency Contact (other than parent)

Name_____Phone # _____
Relationship to child: _____

Tuition Fee

One Child $60.00, second child $55, add $25 per each child there-after.
Please make check payable to: St. Mark's Church.
Signature: _____ today's Date _____

- ❑ Paid
- ❑ Check#_____
- ❑ Cash
- ❑ Payment plan

Room#_____
Grade_____
Prep: A or B
Teacher_____

Keyword_____