



St. Justin Parish On-Going Faith Formation

2025-2026 Registration Form

Questions: Nilda Balano at 408-296-1193 or maria.nilda.balano@dsj.org

Family Name: _____

Address: _____

Home Phone: _____ Family e-mail: _____

Father Full Name: _____	Mother Full Name: _____
Occupation: _____	Occupation: _____
Religion: _____	Religion: _____
Primary Language: _____	Primary Language: _____
Cell Phone: _____	Cell Phone: _____
e-mail: _____	e-mail: _____

Marital Status (Optional - Circle one) Married Divorced Separated Widowed Single

Child(ren) live with (circle one) Mom Dad Both Parents Other (explain) _____

Does any one person have sole physical & legal custody of child(ren)? Yes No (If yes, explain)

Second Address for Child(ren) _____

Is your family currently registered at St. Justin Parish? Yes No

Name
Last: _____
First: _____
Gender: M F
Date of Birth: _____
Age: _____
Grade In Fall (Pre-8 th) _____
School: _____
Baptized? Yes No
Baptismal Date: _____
First Communion Received?
Yes No

Name
Last: _____
First: _____
Gender: M F
Date of Birth: _____
Age: _____
Grade In Fall (Pre-8 th) _____
School: _____
Baptized? Yes No
Baptismal Date: _____
First Communion Received?
Yes No

Name
Last: _____
First: _____
Gender: M F
Date of Birth: _____
Age: _____
Grade In Fall (Pre-8 th) _____
School: _____
Baptized? Yes No
Baptismal Date: _____
First Communion Received?
Yes No

EMERGENCY INFORMATION AND RELEASE:

In the event of an apparent serious illness or accident, when I cannot be reached, I wish one of the following persons to be notified by phone. They are authorized to act in my absence, and they will be notified that their names have been used on this form. (Please do not list parent or guardian below; it must be someone nearby who can be reached quickly.)

1. NAME: _____ PHONE _____

2. NAME: _____ PHONE _____

In case of minor injury, I authorize that first aid may be administered by a person qualified to render such service. In case of accident, may we contact your family doctor or dentist?
YES NO

FAMILY DOCTOR PHONE _____ FAMILY DENTIST PHONE _____

SIGNATURE _____ RELATIONSHIP TO CHILD _____

Please indicate any health conditions, **allergies, learning disabilities, or family situations** which we should be aware of for **each child**: _____

FEES:	if paid by Aug. 31, 2025	after Aug. 31st
Pre-School through Eighth Grade fees are 1 Child	\$90	\$100
2 Children	\$150	\$180
3 or more Children	\$200	\$220

Financial assistance available upon written request to laura.ortiz@dsj.org

Photograph and Video Consent

From time to time, we take pictures and video of catechetical gatherings. We would like to be able to use these photographs and videos for flyers, parish and diocesan publications, and the ministry web site. To do this, we need both the students' and the parents' consent. We will not use the last names of any individual whose photos or videos are posted. If there are any concerns about pictures or videos posted on the website, please contact the front office, and they will promptly be removed.

I/We, the parent(s) of this youth (name) _____, authorize and give full consent, without limitation or reservation, to St. Justin Parish, to publish any photographs or videos in which the above named student and /or pictures or videos of his/her parent(s) of grandparent(s) appears while participating in any program with St. Justin Parish. There will be no compensation for the use of any photograph at the time of publication or in the future.

Parent Signature: _____ Date: _____

FEES: FOR OFFICE USE ONLY			
Date Received: _____	Check # _____	Cash: _____	Amount: _____