



## St. Elizabeth of Portugal Catholic Church

### English Religious Education Registration Form SY 2025 - 2026

For office use only:

Date pd: \_\_\_\_\_

Cash / Check # \_\_\_\_\_

Amt: \_\_\_\_\_

Rec'd by: \_\_\_\_\_

Did your child enroll last year? Yes/ No

Which parish are you registered in? \_\_\_\_\_

New Students must provide copies of Birth & Baptismal Certificates

\*\*\*Registration will NOT be processed if documents are not submitted\*\*\*

#### STUDENT INFORMATION

First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

Address: \_\_\_\_\_ City / Zip Code: \_\_\_\_\_

Food allergies/medications: \_\_\_\_\_ Learning difficulties: \_\_\_\_\_

#### PARENT INFORMATION

Father's Name: \_\_\_\_\_

Cell : \_\_\_\_\_ Home Phone (if different from above): \_\_\_\_\_

Email: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Cell : \_\_\_\_\_ Home Phone (if different from above): \_\_\_\_\_

Email: \_\_\_\_\_

#### Emergency Contact (other than Parent):

Name: \_\_\_\_\_

Relationship to student: \_\_\_\_\_

Cell: \_\_\_\_\_

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

TIME	CLASSES ON TUESDAYS	GRADE
3:30 – 4:45pm	Basic Faith (BF)	Gr 1 & 2
	Basic Faith (BF)	Gr 3 & 4
	Continuing class (CC)	Gr 3 & 4
	First Communion (FC)	Gr 2 - 4

TIME	CLASSES ON TUESDAYS	GRADE
5:15 – 6:30pm	Basic Faith (BF)	Gr 5 - 8
	First Communion (FC)	Gr 5 – 8
	Continuing class (CC)	Gr 5 & 6
	Continuing class (CC)	Gr 7 & 8

#### Notes:

**Basic Faith (BF):** For new students who have never attended Religious Class with **\$150**

**First Communion (FC):** For students of the Second Year with **\$200**

**Continuing Class (CC):** For students who have received the Sacrament of the Eucharist with **\$150**

Document(s) submitted: Birth Certificate Yes / No Baptismal Certificate Yes / No

Email completed form to: [theresa.doan@dsj.org](mailto:theresa.doan@dsj.org) or [stelizabeth.milpitas@dsj.org](mailto:stelizabeth.milpitas@dsj.org)

**PHOTO/VIDEO RELEASE:** Occasionally pictures or videos are taken of children faith formation events and gatherings. We would like to be able to use these photographs for newsletters, flyers, multimedia, and the Parish Web Site. We will not use any last names if posted. Concerns about published pictures should be expressed to writer/webmaster and will be promptly dealt with. I, the parent of this child, authorized and give full consent, without limitation or reservation, to St. Elizabeth parish to publish any photographs/videos in which my child and/or his/her parents/grandparents appear while participating in any program of Faith Formation. No compensation is to be given.

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Parent Signature

**Program Participation Waiver:** to the extent permitted by law, i hold the parish and diocese of San Jose harmless from any claim of injury, sickness, illness or damage to property that my child/children may suffer or sustain during the children's faith formation program, with exception to injury or damages arising out of the sole negligence of the parish/school or diocese of San Jose. I attest that my child is physically fit to participate in this program. In the event that I/my child become(s) ill or injured, I do hereby consent to whatever medical treatment(s), including but not limited to x-ray, examination, or hospital care, considered necessary in the best judgment of the attending physician and performed by or under the supervision of a member of the medical staff of the hospital and/or other medical facility providing the treatment. I am not aware of any medical condition which would render it inappropriate for me/my child to participate in any activity associated with the program.

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Parent Signature

Revised May 2025