

Quinceañera Registration Form
ST. THOMAS THE APOSTLE CHURCH RIVERSIDE, CA.

Quinceañera's Name:

Last *First* *Middle*

How would you want your name(s) to appear on the certificate? _____

Home Address: _____

Street *City* *zip code*

Contacts: _____ / _____ / _____

Home phone # *Cell #* *email*

DOB: _____ Age: _____

Father's Name: _____

Mother's First and Maiden Name: _____

_____ Registered in Parish (if not, complete parish registration form)

SACRAMENTS:

Baptism:

Name of Church: _____

Address of Church: _____

Street *City* *state* *zip*

First Communion:

Name of Church: _____

Address of Church: _____

Street *City* *state* *zip*

Confirmation:

Name of Church: _____

Address of Church: _____

Street *City* *state* *zip*

AGREEMENT:

I/We the undersigned have read and understand our responsibilities to our daughter
_____, the Quinceañera, and agree to the following:

___ I/We understand that the deposit is non-refundable.

___ It is our responsibility to provide all required documentation by the first day of class and to ensure that all classes are attended.

___ I/We understand that it is my responsibility to attend a parent's class.

___ I understand that if all of the requirements have not been met the celebration will be cancelled or postponed until we complete the requirements.

___ I/we understand that all fees are to be paid in full no later than 30 days before the celebration date, and that the event will be cancelled or postponed until such time that the account is paid in full. At that time the celebration will be re-scheduled at the next available opening.

___ Returned checks will e charged a \$30.00 fee and the celebration will be postponed until all fees have been paid. All further transactions will be cash or cashier's check only.

Quinceañera

Date

Parents

Date

Coordinator

Date

Quinceañera Requirements

- Class (100% attendance in Quinceañera Formation class, 80% attendance in Confirmation)
 - Mass Attendance
 - Essay
 - Parent Class
 - Verification on enrollment in Confirmation Class
 - Community service Hours
 - Sacrament certificates verified
 - Celebrate reconciliation
 - Fees paid in full
-

OFFICE ONLY:

Class dates: _____ Requirements completed: ___Yes ___No

Coordinator Signature: _____

Quinceañera Celebration Date: _____ Time: _____

Quinceañera Celebration Language preferred: ___Spanish ___English ___Bilingual

Payment Record:

Date	Payment Method	Amount	Receipt #	Balance