

**CATHEDRAL OF THE IMMACULATE CONCEPTION
2017/2018 RELIGIOUS EDUCATION REGISTRATION FORM**

Please check one: Re-Registration First Time Registration (Baptismal Certificate Needed)

FEES: **One Child - \$45.00** **Family - \$75.00**

Student's Name: _____

Student's Address/Zipcode: _____

Grade: _____ School Attending: _____

Date of Birth: _____

Sacramental History:

BAPTISM yes no

Date Received: _____ Church: _____

Address: _____

EUCCHARIST yes no

Date Received: _____ Church: _____

Address: _____

RECONCILIATION yes no

Church: _____

CONFIRMATION yes no

Date Received: _____ Church: _____

Address: _____

Mother's Name: _____

Registered Cathedral Parishioner: yes no list church _____

Address (if different from what is listed above) _____

Phone # _____ Email _____

Father's Name: _____

Registered Cathedral Parishioner: yes no list church _____

Address (if different from what is listed above) _____

Phone # _____ Email _____

Medical Information/Special Needs:

Please list any medical information or special needs, e.g. food allergies, medications, etc. that would be beneficial for us to know about your student... _____

Commitment & Responsibility: It is our understanding that you will take seriously your responsibility to attend Mass each weekend with your student and that your student will attend religious instruction class regularly.

Parent/Guardian Signature(s) _____

Are you able to be a substitute teacher when needed? YES NO