

**CATHEDRAL OF THE IMMACULATE CONCEPTION**  
**2020/2021 RELIGIOUS EDUCATION REGISTRATION FORM**  
(Kindergarten (age 5) through Grade 8)

Please check one:  Re-Registration  First Time Registration (Baptismal Certificate Needed)  
FEES: **One Child - \$45.00** **Family - \$80.00** (checks payable to Cathedral)

Student's Name: \_\_\_\_\_  
Full Address/Zipcode: \_\_\_\_\_  
Grade: \_\_\_\_\_ **Public School Attending:** \_\_\_\_\_  
Date of Birth: \_\_\_\_\_

**Sacramental History:**

**BAPTISM**  yes  no  
Date Received: \_\_\_\_\_ Church: \_\_\_\_\_  
City/State: \_\_\_\_\_

**EUCCHARIST**  yes  no  
Date Received: \_\_\_\_\_ Church: \_\_\_\_\_  
City/State: \_\_\_\_\_

**RECONCILIATION**  yes  no  
Church: \_\_\_\_\_

**CONFIRMATION**  yes  no  
Date Received: \_\_\_\_\_ Church: \_\_\_\_\_  
City/State: \_\_\_\_\_

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. Registration gives permission to use photos of students on parish website and bulletin.

Parent/Guardian Signature(s) \_\_\_\_\_

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