

2017-2018 CHILDREN'S SACRAMENTAL REGISTRATION FORM

PDS: _____

FIRST RECONCILIATION ✕ FIRST EUCHARIST

1. Family Information *Please PRINT clearly!*

Family Name: _____

(the last name the family is registered under)

Primary Email: _____ **Home Phone:** _____

Preferred email for communications, you will receive class/event reminders, emergency changes and updates from faith formation at this address.

Home Address: _____
Street City State Zip

Adult Household Member #1 Full Name: _____ **Cell:** _____

Email: _____ **Catholic?** Yes No

Mailing Address (if different): _____

Adult Household Member #2 Full Name: _____ **Cell:** _____

Email: _____ **Catholic?** Yes No

Mailing Address (if different): _____

EMERGENCY CONTACT other than parent: _____ **Relationship to Student** _____

EMERGENCY CONTACT - Home Phone: _____ **Cell:** _____

2. Student Information

Family Name: <i>(First & last if different from family name)</i>	Child #1	Child #2	Child #3
_____	_____	_____	_____
Date of Birth	____/____/____	____/____/____	____/____/____
Grade in Fall 2017			
School in Fall 2017			
Sacraments Rec'd <i>Check all that apply</i>	<input type="checkbox"/> Baptized: Catholic? <input type="checkbox"/> Y <input type="checkbox"/> N _____ <i>Name of church and city where baptized</i>	<input type="checkbox"/> Baptized: Catholic? <input type="checkbox"/> Y <input type="checkbox"/> N _____ <i>Name of church and city where baptized</i>	<input type="checkbox"/> Baptized: Catholic? <input type="checkbox"/> Y <input type="checkbox"/> N _____ <i>Name of church and city where baptized</i>
	<input type="checkbox"/> Eucharist <input type="checkbox"/> Confirmation	<input type="checkbox"/> Eucharist <input type="checkbox"/> Confirmation	<input type="checkbox"/> Eucharist <input type="checkbox"/> Confirmation
Special Needs? <i>(learning or physical disability, reading difficulty, hearing impairment, emotional problem, food allergy, etc...)</i>			
Sacramental Preparation	If your child (ren) is in 2nd grade or above and has been enrolled in faith formation for at least one year at a Catholic Church; and has not previously received the sacrament of First Eucharist, please write their name (s) below, and you will receive a separate mailing with a registration form in October. _____ _____		

3. Photo Release Statement

I hereby **GRANT** permission for my child(ren) to be photographed and/or videotaped during Cathedral activities and events. I understand that my child may decline to be photographed and /or videotaped at any time. I further grant permission for the resulting photographs and /or videotaped footage to be edited, if necessary, and then published and/or broadcast for the purposes of promoting the faith formation program here at Cathedral.

NAME *(Please Print)* _____

Parent/Guardian Signature _____ **Date:** _____

I hereby **DECLINE** to grant permission for my child(ren) to be photographed and/or videotaped during Cathedral activities