

# 2018-2019 CHILDREN'S SACRAMENTAL REGISTRATION FORM

FIRST RECONCILIATION ✕ FIRST EUCHARIST

PS: \_\_\_\_\_

## 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 for those wishing to receive First Reconciliation/First Communion

<b>Family Name:</b> <i>(First &amp; last if different from family name)</i>	<b>Child #1</b>	<b>Child #2</b>	<b>Child #3</b>
<b>Date of Birth</b>	____ / ____ / ____	____ / ____ / ____	____ / ____ / ____
<b>Grade in Fall 2018</b>			
<b>Sacraments Rec'd</b> <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>
<b>Special Needs?</b> <i>(learning or physical disability, reading difficulty, hearing impairment, emotional problem, food allergy, etc...)</i>			
<b>Name as it should appear on certificate</b>	Child #1 _____	Child #2 _____	Child #3 _____

### 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