



CATHEDRAL CHAPEL of ST. VIBIANA

ROMAN CATHOLIC CHURCH SINCE 1927

2018-2019

RELIGIOUS EDUCATION REGISTRATION FORM

STUDENT'S NAME: _____

DATE OF BIRTH: _____

FIRST COMMUNION LEVEL 1 2
CONFIRMATION LEVEL 1 2

AGE: _____

GENDER: MALE FEMALE

SCHOOL GRADE: _____

NAME OF SCHOOL: _____

SACRAMENT INFORMATION

BAPTISM 1ST COMMUNION

DATE RECEIVED: _____

NAME OF CHURCH: _____

CHURCH ADDRESS: _____

CITY/STATE/ZIP: _____

HOME ADDRESS: _____

CITY/ZIP: _____

FATHER'S NAME: _____

CONTACT NUMBER: *Home* _____

Work: _____ Cell: _____

EMAIL ADDRESS: _____

MOTHER'S NAME: _____

CONTACT NUMBER: *Home* _____

Work: _____ Cell: _____

EMAIL ADDRESS: _____

Copy of certificate on file

Received copies

STUDENT LIVES WITH: Both Parents Mom Dad Others
NAME/S: (other than parents) _____

ARE YOU A PARISHIONER? YES NO

If yes, parish ID# _____

If no, name of parish _____

RELATIONSHIP: _____

CONTACT NUMBER: *Home* _____

Work: _____ Cell: _____

EMERGENCY INFORMATION: IN CASE OF AN EMERGENCY, EVENT OF A MAJOR EARTHQUAKE OR DISASTER, YOUR CHILD(REN) WILL BE HELD ON CHURCH GROUNDS AND ONLY RELEASED TO THE PARENTS OR THE ADULTS LISTED BELOW:

NAME: _____

RELATIONSHIP: _____

CONTACT NUMBER: *Home* _____

Work: _____ Cell: _____

EMAIL ADDRESS: _____

NAME: _____

RELATIONSHIP: _____

CONTACT NUMBER: *Home* _____

Work: _____ Cell: _____

EMAIL ADDRESS: _____

*I hereby give consent for these persons to take my child home if I am unable to do so.
I have notified each of them regarding this permission.*

PARENTS'/GUARDIAN SIGNATURE: _____

REGISTRATION WILL NOT BE ACCEPTED WITHOUT A COPY OF YOUR CHILD'S BAPTISMAL & FIRST COMMUNION CERTIFICATE/S.

FOR OFFICE USE ONLY:

ANNUAL FEE: \$200 CONFIRMATION (Includes Retreat Fee) \$60 FIRST COMMUNION

AMOUNT RECEIVED: \$ _____

PAYMENT: CASH CHECK # _____ DATE: _____

DEFERRED PAYMENT: YES

PAY #1	\$ _____	Cash/Check# _____	Date _____
PAY #2	\$ _____	Cash/Check# _____	Date _____
PAY #3	\$ _____	Cash/Check# _____	Date _____
PAY #4	\$ _____	Cash/Check# _____	Date _____
PAY #5	\$ _____	Cash/Check# _____	Date _____

BALANCE AS OF JANUARY 2018: \$ _____

Late payment of \$25 will be charged after January 31, 2018

CCSV7132017

