CATHEDRAL CHAPEL *of* ST. VIBIANA

ROMAN CATHOLIC CHURCH SINCE 1927

2018-2019

RELIGIOUS EDUCATION REGISTRATION FORM

Plese print

STUDENT'S NAME: _____

DATE OF BIRTH: _____

AGE: _____

GENDER: ❑ MALE ❑ FEMALE

SCHOOL GRADE: _____

NAME OF SCHOOL: _____

FIRST COMMUNION LEVEL ❑ 1 ❑ 2

CONFIRMATION LEVEL ❑ 1 ❑ 2

HOME ADDRESS: _____

CITY/ZIP: _____

FATHER'S NAME: _____

CONTACT NUMBER: *Home* _____

Work: _____ *Cell:* _____

EMAIL ADDRESS: _____

MOTHER'S NAME: _____

CONTACT NUMBER: *Home* _____

Work: _____ *Cell:* _____

EMAIL ADDRESS: _____

SACRAMENT INFORMATION

❑ **BAPTISM** ❑ *Copy of certificate on file*

DATE BAPTIZED: _____

NAME OF CHURCH: _____

CITY/STATE/ZIP: _____

❑ **1ST COMMUNION** ❑ *Received copy*

NAME OF CHURCH: _____

CITY/STATE/ZIP: _____

STUDENT LIVES WITH: ❑Both Parents ❑Mom ❑Dad ❑Other:

NAME/S: *(other than parents)* _____

RELATIONSHIP: _____

CONTACT NUMBER: *Home* _____

Work: _____ *Cell:* _____

ARE YOU A PARISHIONER? ❑ YES ❑ NO

If yes, parish ID# _____

If no, name of parish _____

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: Date of Registration: _____

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 2019:

$ _____

Late payment of $25 will be charged after January 31, 2019

CCSV8262018