



CATHEDRAL CHAPEL of ST. VIBIANA

ROMAN CATHOLIC CHURCH SINCE 1927

2019-2020

RELIGIOUS EDUCATION REGISTRATION FORM

Please print

STUDENT'S NAME: _____

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: _____

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

RELATIONSHIP: _____
CONTACT NUMBER: *Home* _____
Work: _____ *Cell:* _____

DATE OF BIRTH: _____

AGE: _____

GENDER: MALE FEMALE

SCHOOL GRADE: _____

NAME OF SCHOOL: _____

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: _____

DATE OF COMMUNION: _____

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:

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 2020:
\$ _____

*Late payment of \$25 will be charged
after January 31, 2020*