

# CATHEDRAL BASILICA RELIGIOUS EDUCATION

## Christian Formation Program Registration School

Please complete **ALL** the information.

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Parent's Last Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Is Mom Catholic? \_\_\_\_\_

Is Dad Catholic? \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Mother's Name \_\_\_\_\_ Father's Name: \_\_\_\_\_

Mother's Phone \_\_\_\_\_ Father's Phone: \_\_\_\_\_

Mother's Maiden Name: \_\_\_\_\_ Stepparent/Guardian's Full Name: \_\_\_\_\_

Child(ren) reside(s) with: \_\_\_\_\_ Stepparent/Guardian's Phone: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Are you registered with Cathedral Basilica?  Yes  No Envelope Number \_\_\_\_\_



### Student Information (1)

1) Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

School Grade \_\_\_\_\_  has  has not been in religious education classes before.

Religious Education grade \_\_\_\_\_ It takes two years to prepare for all Sacraments.

Baptism  Yes  No please attach a copy of your certificate. (Are you a new parishioner? If so, we **must** have a copy of your child (ren) **Baptism Certificates**.)

First Communion  Yes  No If yes, name of church \_\_\_\_\_

Other Sacraments received \_\_\_\_\_

Church \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

#### Fees:

**Religious Education Fee 1 Child \$50.00; 2 Children \$80.00; 3 Children or more \$100.00**

**First Penance/First Communion sacramental preparation: \$30.00**

**Confirmation, including the Confirmation Retreat \$60.00**

## Student Information (2)

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

School Grade \_\_\_\_\_  has  has not been in religious education classes before.

Religious Education grade \_\_\_\_\_ It takes two years to prepare for all Sacraments.

Baptism  Yes  No please attach a copy of your certificate. (Are you a new parishioner? If so, we must have a copy of your child (ren) **Baptism Certificates.**)

First Communion  Yes  No If yes, name of church \_\_\_\_\_

Other Sacraments received \_\_\_\_\_

Church \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

## Student Information (3)

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

School Grade \_\_\_\_\_  has  has not been in religious education classes before.

Religious Education grade \_\_\_\_\_ It takes two years to prepare for all Sacraments.

Baptism  Yes  No please attach a copy of your certificate. (Are you a new parishioner? If so, we must have a copy of your child (ren) **Baptism Certificates.**)

First Communion  Yes  No If yes, name of church \_\_\_\_\_

Other Sacraments received \_\_\_\_\_

Church \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

## **Religious Education Class Information**

**All grades will meet at Cathedral Parish School at 259 Saint George Street St. Augustine, FL 32084. Classes will be held on Wednesday evening from 6:15 PM until 7:30 PM except on the weeks that we have our family sessions. These sessions will begin with dinner at 6:00 P.M. We will dismiss at 7:30 P.M. If you have a child preparing for a sacrament please be sure to complete a separate sacramental preparation registration form. All students preparing for a sacrament must have attended religious education during the prior school year. A letter from your child's previous religious education program is required if your child did not attend Cathedral Parish Religious Education.**

**Conditions of Enrollment, Waiver, and Release; Consent to Treatment; Photographs**

My child has permission to attend **Cathedral Basilica Religious Education Program** and to participate in all activities. Without compensation, I hereby grant permission to the **Catholic Diocese of Saint Augustine/Cathedral Basilica** to use and reproduce photographs and/or video taken of my child. These photographs may be used for news and editorial purposes in publications and other electronic reproductions (websites and video) and/or brochures. In addition, I grant my permission to alter the same photos without restriction and to copyright the same. I hereby release the photographer, the journalists and the publications or media outlets they represent, as well as, the parish/church and/or school involved, the **Bishop of the Diocese of St. Augustine**, a corporation sole, the **Catholic Diocese of Saint Augustine** and all of their employees and agents, from all claims and liability relating to said photographs.

I understand that **Cathedral Parish** cannot be responsible for lost or broken items and that any unclaimed items will be donated to charity after two weeks in our lost and found.

In addition, my child's health history is correct and complete as far as I know. I hereby give permission to **Cathedral Basilica** to provide routine health care, administer prescribed medications, and seek emergency medical treatment including ordering x-rays, or routine tests. I agree to the release of any records necessary for treatment, referral billings, or insurance purposes. I give permission to **Cathedral Basilica** to arrange necessary related transportation for my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected **by Cathedral Parish** to secure and administer treatment including hospitalization for my child named above. Should medical attention be required for my child other than that which is provided by **Cathedral Basilica**, I will pay the expense incurred. This completed form may be copied for trips away from **Cathedral Basilica**. It is my responsibility to notify **Cathedral Basilica** in writing if any new medical conditions arise prior to my child attending Religious Education Classes.

Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_

**Health Insurance Information**

Insurance Company \_\_\_\_\_

Policy Number \_\_\_\_\_ Phone Number \_\_\_\_\_

Insurance Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Name of Insured \_\_\_\_\_

Insured's Employer \_\_\_\_\_

Insured's Relationship to Student \_\_\_\_\_



**Please be sure to complete a separate registration form for Intermediate preparation for any sacraments.**