

**CATHEDRAL of ST. IGNATIUS**  
**RELIGIOUS EDUCATION STUDENT REGISTRATION FORM 2023-2024**  
Phone: 561-622-2565 Email: lpratt@cathedralpb.com

PLEASE PRINT LEGIBLY

**Father (or Male Guardian):**  Lives with Student  
*Padre*

\_\_\_\_\_  
Last Name *Apellido*                      First Name *Nombre*                      Marital Status *Estado Marital*

\_\_\_\_\_  
Address *Calle*    City/State *Ciudad/Estado*                      Zip *Código postal*

\_\_\_\_\_  
Cell Phone *Teléfono celular*                      Home Phone *Teléfono residencial*                      Work Phone *Teléfono de trabajo*

\_\_\_\_\_  
Relationship to Student(s) *Relación*                      E-Mail Address *Correo electrónico*                      Realm #

\_\_\_\_\_  
Signature *(required for the child to receive a Sacrament)* *Firma*

**Mother (or Female Guardian):**  Lives with Student  
*Madre*

\_\_\_\_\_  
Last Name *Apellido*                      First Name *Nombre*                      Marital Status *Estado Marital*

\_\_\_\_\_  
Address *Calle*    City/State *Ciudad/Estado*                      Zip *Código postal*

\_\_\_\_\_  
Cell Phone *Teléfono celular*                      Home Phone *Teléfono residencial*                      Work Phone *Teléfono de trabajo*

\_\_\_\_\_  
Relationship to Student(s) *Relación*                      E-Mail Address *Correo electrónico*                      Realm #

\_\_\_\_\_  
Signature *(required for the child to receive a Sacrament)* *Firma*

**REGISTRATION FEE: \$100 PER FAMILY**

Office Use Only: \_\_\_\_\_  
Date Paid                      Cash/Chk#                      Amount \$                      Realm #                      By

# STUDENT APPLICATION

To register multiple students in the same household, attach additional copies of [this page](#)

**To register a new student, you must provide a copy of their **Baptismal Certificate****

*(To obtain a copy of the certificate, contact the parish where the student was baptized)*

## Student Information:

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Last Name *Apellido* First Name *Nombre* Date of Birth *Fecha nacimiento*

\_\_\_\_\_ Age on Sept. 1, 2023: \_\_\_\_\_  
Name of School *Nombre de la escuela* Grade Level *Grado escolar* *Edad el primero septiembre, 2023*

Has this student been **Baptized Catholic**?  Yes  No  
*¿Bautizado Católico?*

\_\_\_\_\_  
If Yes, Name of Church *Parroquia*

Has this student received **First Communion**?  Yes  No  
*Primera Comunión recibida?*

\_\_\_\_\_  
If Yes, Name of Church *Parroquia*

### **Please indicate the class requested:**

#### **Tuesday Classes (6:00pm-7:15pm)**

- First Communion I (Grades 1-2)
- First Communion II (Grades 1-2)
- First Communion I (Grades 3-5)
- First Communion II (Grades 3-5)
- First Communion (Special Needs)
- Continuing Faith Formation (Grades 3-5)
- Kindergarten Faith Formation

#### **Wednesday Classes (6:00pm-7:15pm)**

- First Communion I (Grades 6-8)
- First Communion II (Grades 6-8)
- Confirmation I
- Confirmation II

List any medical or special needs information that we need to know: \_\_\_\_\_

*Enumere cualquier necesidad médica o especial:*

List anyone who is **not** allowed to have access to your child: \_\_\_\_\_

*Enumere a cualquier persona que no tenga permiso tener acceso a su hijo:*

Check if you do not want the child's photograph published (*in parish bulletin/website, etc*)  
*Marque si no desea que se publique la fotografía del niño (en el boletín/sitio web de la parroquia, etc.)*

Office Use Only: