

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

Last Name First Name Marital Status

Address City/State Zip

Cell Phone Home Phone Work Phone

Relationship to Student(s) E-Mail Address Giving #

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

Mother (or Female Guardian): Lives with Student

Last Name First Name Marital Status

Address City/State Zip

Cell Phone Home Phone Work Phone

Relationship to Student(s) E-Mail Address Giving #

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

REGISTRATION FEE: \$100 PER FAMILY

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

