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	5
Address	City	//State		Zip
Cell Phone	Home Phone		Work Phone	
Relationship to Student(s)	E-Mail Address			Giving #
Signature (required for the child	l to receive a Sacramen	t)		
Mother (or Female Guardian):	Lives with Stud	dent		
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	l to receive a Sacramen	t)		
REGIS	STRATION FE	E: \$100 PE	R FAMIL	Y
Office Use Only:				
Date Paid	Cash/Chk#	Amount \$	Realm #	Ву

STUDENT APPLICATION

To register multiple students in the same household, attach additional copies of this page

To register a new student, you <u>must</u> provide a copy of their Baptismal Certificate (To obtain a copy of the certificate, contact the parish where the student was baptized)

Student Information: Date of Birth First Name Last Name Age on Sept. 1, 2023: _____ Name of School Grade Level Has this student been **Baptized Catholic**? If Yes, Name of Church Yes No Has this student received **First Communion**? Yes No If Yes, Name of Church Please indicate the class requested: Tuesday Classes (6:00pm-7:15pm) Wednesday Classes (6:00pm-7:30pm) First Communion I (Grades 1-2) First Communion I (Grades 6-8) First Communion II (Grades 1-2) First Communion II (Grades 6-8) First Communion I (Grades 3-5) Confirmation I First Communion II (Grades 3-5) Confirmation II First Communion (Special Needs) Continuing Faith Formation (Grades 3-5) Kindergarten Faith Formation List any medical or special needs information that we need to know: List anyone who is <u>not</u> allowed to have access to your child: _____ Check if you do not want the child's photograph published (in parish bulletin/website, etc)

Office Use Only: