

**CATHEDRAL of ST. IGNATIUS**  
**RELIGIOUS EDUCATION STUDENT REGISTRATION FORM 2024-2025**

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

\_\_\_\_\_  
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

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

**EARLY REGISTRATION FEE: \$100 PER FAMILY** (Register *by* July 31)

**STANDARD REGISTRATION FEE: \$175 PER FAMILY** (Register *after* July 31)

*'Family Registration' includes siblings and step-siblings – but not cousins or extended family*

Office Use Only:

\_\_\_\_\_  
Date Paid

\_\_\_\_\_  
Cash/Chk#

\_\_\_\_\_  
Amount \$

\_\_\_\_\_  
Realm #

By:

# APPLICATION FOR STUDENT #1

A first-time student cannot be fully registered until you provide a copy of their Baptismal Certificate.  
(To obtain a copy of the certificate, contact the parish where the student was baptized)

## Student Information:

_____	_____	Sex: <input type="checkbox"/> Male / <input type="checkbox"/> Female
Last Name	First Name	
_____	_____/_____/_____	Age on Sept. 1, 2024: _____
Name of School	Grade	Date of Birth
Has this student been <b>Baptized Catholic</b> ? <input type="checkbox"/> Yes <input type="checkbox"/> No		_____
		If Yes, Name of Church
Has this student received <b>First Communion</b> ? <input type="checkbox"/> Yes <input type="checkbox"/> No		_____
		If Yes, Name of Church

### Check One:

#### Tuesday Afternoon at 4:30pm

- ☐ Kindergarten
- ☐ First Communion, Year 1 (*Grades 1 & 2 Only*)
- ☐ Continuing Faith Formation (*Grade 3 Only*)

#### Tuesday Evening at 6pm

- ☐ First Communion, Year 1 (*Grades 1 to 5*)
- ☐ First Communion, Year 2 (*Grades 2 to 5*)
- ☐ Continuing Faith Formation (*Grades 4 & 5 Only*)
- ☐ Confirmation, Year 1 (*Grades 7+*)

#### Wednesday Evening at 6pm

- ☐ Confirmation, Year 1 (*Grades 7+*)
- ☐ Confirmation, Year 2 (*Grades 8+*)
- ☐ First Communion, Year 1 (*Grades 6+*)

**REQUIRED:** Emergency Phone Number that will answer during class hours: \_\_\_\_\_

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

List anyone who is not 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: \_\_\_\_\_

## APPLICATION FOR STUDENT #2

A first-time student cannot be fully registered until you 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 First Name Sex: ☐ Male / ☐ Female

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Name of School Grade Date of Birth Age on Sept. 1, 2024: \_\_\_\_\_

Has this student been **Baptized Catholic**? ☐ Yes ☐ No \_\_\_\_\_  
If Yes, Name of Church

Has this student received **First Communion**? ☐ Yes ☐ No \_\_\_\_\_  
If Yes, Name of Church

#### Check One:

##### Tuesday Afternoon at 4:30pm

- ☐ Kindergarten
- ☐ First Communion, Year 1 (*Grades 1 & 2 Only*)
- ☐ Continuing Faith Formation (*Grade 3 Only*)

##### Tuesday Evening at 6pm

- ☐ First Communion, Year 1 (*Grades 1 to 5*)
- ☐ First Communion, Year 2 (*Grades 2 to 5*)
- ☐ Continuing Faith Formation (*Grades 4 & 5 Only*)
- ☐ Confirmation, Year 1 (*Grades 7+*)

##### Wednesday Evening at 6pm

- ☐ Confirmation, Year 1 (*Grades 7+*)
- ☐ Confirmation, Year 2 (*Grades 8+*)
- ☐ First Communion, Year 1 (*Grades 6+*)

**REQUIRED:** Emergency Phone Number that will answer during class hours: \_\_\_\_\_

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

List anyone who is not 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: \_\_\_\_\_

# APPLICATION FOR STUDENT #3

A first-time student cannot be fully registered until you 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

\_\_\_\_\_  
First Name

Sex: ☐ Male / ☐ Female

\_\_\_\_\_  
Name of School

\_\_\_\_\_  
Grade

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date of Birth

Age on Sept. 1, 2024: \_\_\_\_\_

Has this student been **Baptized Catholic**? ☐ Yes ☐ No

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

Has this student received **First Communion**? ☐ Yes ☐ No

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

### Check One:

#### Tuesday Afternoon at 4:30pm

- ☐ Kindergarten
- ☐ First Communion, Year 1 (*Grades 1 & 2 Only*)
- ☐ Continuing Faith Formation (*Grade 3 Only*)

#### Tuesday Evening at 6pm

- ☐ First Communion, Year 1 (*Grades 1 to 5*)
- ☐ First Communion, Year 2 (*Grades 2 to 5*)
- ☐ Continuing Faith Formation (*Grades 4 & 5 Only*)
- ☐ Confirmation, Year 1 (*Grades 7+*)

#### Wednesday Evening at 6pm

- ☐ Confirmation, Year 1 (*Grades 7+*)
- ☐ Confirmation, Year 2 (*Grades 8+*)
- ☐ First Communion, Year 1 (*Grades 6+*)

**REQUIRED:** Emergency Phone Number that will answer during class hours: \_\_\_\_\_

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

List anyone who is not 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: