

One form for each child who will participate, please.

## 2016-2017 Cathedral of the Assumption Children's Religious Education Program

Child's Name: \_\_\_\_\_

Child's Date of Birth: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

Family Name: \_\_\_\_\_

Address: \_\_\_\_\_ City, State: \_\_\_\_\_

Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_

Father/Male Guardian: \_\_\_\_\_

Mother/Female Guardian: \_\_\_\_\_

Work/Cell Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Registered Cathedral Member: \_\_\_\_\_ Associate Member: \_\_\_\_\_ Other: \_\_\_\_\_

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**Sacramental Preparation** - Please check if your child will be preparing for reception of any of the following sacraments this year.

- Reconciliation - child will be at least 7 years old by December 31, 2016.
- First Eucharist - child will be at least 7 years old by December 31, 2016.
- Confirmation - child will be at least 13 years old by December 31, 2016.

Baptism Date \_\_\_\_\_ Church, City, State \_\_\_\_\_

**For those preparing to receive sacraments this year, please attach a copy of your Baptismal Certificate if it is not already on file at the Cathedral. If a copy is already on file at the Cathedral, check this box.**

**Emergency Information**

Please contact in case of emergency (if the parents cannot be reached)

Name \_\_\_\_\_

Address \_\_\_\_\_

Phones \_\_\_\_\_

Please list any special **medical** or **learning** needs of your child.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Permission to Use Photographs**

I authorize the Cathedral of the Assumption to photograph/video my child \_\_\_\_\_, and/or to use archive photos of him/her. I understand that his/her identification shall not be disclosed without permission and that said photographs will be used exclusively for Cathedral purposes on the website, newsletter, brochures, and other materials.

Identification may be disclosed.    Yes\_\_\_    No \_\_\_

\_\_\_\_\_  
Parent or Guardian's Signature

\_\_\_\_\_  
Date

Tuition is \$50/student and \$30/each additional student in the family. We want every family who wishes to be a part of this program to be able to participate, regardless of ability to pay. Please let us know if we can be of assistance to you.