

One form for each child who will participate, please.

2017-2018 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: _____

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, 2017.
- First Eucharist - child will be at least 7 years old by December 31, 2017.
- Confirmation - child will be at least 13 years old by December 31, 2017.

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.