

## St. Frances Cabrini Church Religious Education Program 2019-2020

Please Print

Date: \_\_\_\_\_

Registration Fee: \$20.00 each: first and second child, \$50 for three or more.

Family Last Name \_\_\_\_\_

Paid Check # \_\_\_\_\_

Family Phone \_\_\_\_\_

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

E-Mail Address \_\_\_\_\_

Paid Cash \$ \_\_\_\_\_

Exempt \_\_\_\_\_

| Father/Guardian Information | Mother/Guardian Information         |
|-----------------------------|-------------------------------------|
| First Name: _____           | First Name: _____ Maiden Name _____ |
| Address: _____              | Address: _____                      |
| City/Zip: _____             | City Zip: _____                     |
| Cell Phone: _____           | Cell Phone: _____                   |
| Religion: _____             | Religion: _____                     |

In case of emergency, please contact: \_\_\_\_\_

Phone number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Complete the form below. Use “**Y**” to indicate “**yes**” if your child **has received** the sacrament. Use “**N**” to indicate if your child has **not received** the sacrament. If your child is preparing for 1<sup>st</sup> Communion or Confirmation, and was **NOT** baptized at St. Frances Cabrini, please give us a **copy** of their **Baptismal Certificate**.

| Child's Full Name | Date & Place of Birth | M/F | Grade & School | Date & Place of Baptism<br>If not Baptized Meet with DRE | First Eucharist Reconciliation Confirmation |
|-------------------|-----------------------|-----|----------------|--|---|
|                   |                       |     |                |  |   |
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|                   |                       |     |                |  |   |
|                   |                       |     |                |  |   |
|                   |                       |     |                |  |   |

*Please note any special needs, information or allergies you would like for your child's teacher to be aware of:*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_