

Cathedral Basilica of St. Augustine
35 Treasury Street • St. Augustine, FL 32084
(904)824-2806
Fax: (904)824-0761

Christian Education Program Registration

Last Name: _____ First Name: _____
Street Address: _____
City, State, Zip: _____
Birth Date: _____ Grade: _____
Parent/Guardian Names: _____
Parent/Guardian Email(s): _____
Parent/Guardian Phone(s): _____
Name of Custodial Parent/Guardian (if applicable): _____

Please indicate sacraments received by the child:

_____ Baptism Date: _____ First Confession Date: _____
_____ First Communion Date: _____ Confirmation Date: _____

Please inform us of any learning disabilities, health issues, or other information we need to be aware of while student attends classes. You may indicate below, send separate letter, or have a conference with the Director of Religious Education. We uphold your privacy rights.

Emergency Information: List two names and phone numbers to be notified in case of emergency if you cannot be contacted or located.

Name: _____ Relationship: _____
Phone: _____ Cell Phone: _____
Name: _____ Relationship: _____
Phone: _____ Cell Phone: _____
Physician: _____ Phone: _____
Emergency Hospital: _____ Phone: _____

I promise to help my child to learn the Catholic Faith, live it faithfully, and join in the celebration of the Holy Eucharist each Sunday and Holy Day of Obligation.

Parent/Guardian Signature: _____
Date: _____