

CATHEDRAL BASILICA RELIGIOUS EDUCATION
Christian Formation Program Registration School Year 2011-2012

Please complete **ALL** the information.

Parent's Last Name _____ Home Phone _____
Is Mom Catholic? Yes No Is Dad Catholic? Yes No

Address: _____ City _____ Zip _____

E-Mail Address _____

Mother's Name _____ Father's Name: _____

Mother's Phone _____ Father's Phone: _____

Mother's Maiden Name: _____ Stepparent/Guardian's Full Name: _____

Child(ren) reside(s) with: _____ Stepparent/Guardian's Phone: _____

Emergency Contact Name: _____ Phone: _____

Are you registered with Cathedral Basilica? Yes No Envelope Number _____



Student Information (1)

1) Student Name: _____ Date of Birth: _____

School Grade _____ has has not been in religious education classes before.

Religious Education grade _____ It takes two years to prepare for all Sacraments.

Baptism Yes No please attach a copy of your certificate. (Are you a new parishioner? If so, we **must** have a copy of your child (ren) **Baptism Certificates**.)

First Communion Yes No If yes, name of church _____

Other Sacraments received _____

Church _____ City _____ State _____

Payment Options	Amount
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please accept my Religious Education registration and fee. Total Amount Due:
Late Fee \$25.00 for registrations received after 9/1/2011

Religious Education Fee 1 Child \$40.00; 2 Children \$60.00; 3 Children \$75.00; 4 or More Children \$100.00

Student Information (2)

Student Name: _____ Date of Birth: _____

School Grade _____ has has not been in religious education classes before.

Religious Education grade _____ It takes two years to prepare for all Sacraments.

Baptism Yes No please attach a copy of your certificate. (Are you a new parishioner? If so, we must have a copy of your child (ren) **Baptism Certificates.**)

First Communion Yes No If yes, name of church _____

Other Sacraments received _____

Church _____ City _____ State _____

Student Information (3)

Student Name: _____ Date of Birth: _____

School Grade _____ has has not been in religious education classes before.

Religious Education grade _____ It takes two years to prepare for all Sacraments.

Baptism Yes No please attach a copy of your certificate. (Are you a new parishioner? If so, we must have a copy of your child (ren) **Baptism Certificates.**)

First Communion Yes No If yes, name of church _____

Other Sacraments received _____

Church _____ City _____ State _____

Student Information (4)

Student Name: _____ Date of Birth: _____

School Grade _____ has has not been in religious education classes before.

Religious Education grade _____ It takes two years to prepare for all Sacraments.

Baptism Yes No please attach a copy of your certificate. (Are you a new parishioner? If so, we must have a copy of your child (ren) **Baptism Certificates.**)

First Communion Yes No If yes, name of church _____

Other Sacraments received _____

Church _____ City _____ State _____

Conditions of Enrollment, Waiver, and Release; Consent to Treatment; Photographs

My child has permission to attend **Cathedral Basilica Religious Education Program** and to participate in all activities. Without compensation, I hereby grant permission to the **Catholic Diocese of Saint Augustine/Cathedral Basilica** to use and reproduce photographs and/or video taken of my child. These photographs may be used for news and editorial purposes in publications and other electronic reproductions (websites and video) and/or brochures. In addition, I grant my permission to alter the same photos without restriction and to copyright the same. I hereby release the photographer, the journalists and the publications or media outlets they represent, as well as, the parish/church and/or school involved, the **Bishop of the Diocese of St. Augustine**, a corporation sole, the **Catholic Diocese of Saint Augustine** and all of their employees and agents, from all claims and liability relating to said photographs.

I understand that **Cathedral Basilica** cannot be responsible for lost or broken items and that any unclaimed items will be donated to charity after two weeks in our lost and found.

In addition, my child's health history is correct and complete as far as I know. I hereby give permission to **Cathedral Basilica** to provide routine health care, administer prescribed medications, and seek emergency medical treatment including ordering x-rays, or routine tests. I agree to the release of any records necessary for treatment, referral billings, or insurance purposes. I give permission to **Cathedral Basilica** to arrange necessary related transportation for my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by **Cathedral Basilica** to secure and administer treatment including hospitalization for my child named above. Should medical attention be required for my child other than that which is provided by **Cathedral Basilica**, I will pay the expense incurred. This completed form may be copied for trips away from **Cathedral Basilica**. It is my responsibility to notify **Cathedral Basilica** in writing if any new medical conditions arise prior to my child attending Religious Education Classes.

Authorized Signature _____ Date _____

Health Insurance Information

Insurance Company _____

Policy Number _____ Phone Number _____

Insurance Address _____ City _____

State _____ Zip _____

Name of Insured _____

Insured's Employer _____

Insured's Relationship to Student _____



Religious Education Class Information

All grades will meet at Cathedral Parish School at 259 Saint George Street St. Augustine, FL 32084

Classes will be held on Wednesday evening from 6:30 PM until 7:45 PM

If you have a child preparing for a sacrament please be sure to complete a separate sacramental preparation registration form. All students preparing for a sacrament must have attended religious education during the 2010-2011 school year. A letter from the previous religious education program is required if your child did not attend Cathedral-Basilica.