



SAINT MARY CATHEDRAL

Religious Education

Religious Education Registration and Permission Form 2019-2020

PARENTAL/ GUARDIAN PERMISSION:

I hereby consent to participation by my son(s)/ daughter(s):

in the K – 8th Religious Education Program at Saint Mary Cathedral, for the 2015/ 2016 academic year. I understand that this program will take place on the parish ground that that my son(s)/ daughter(s) will be under the supervision of the authorized parish personnel.

Signature of Parent/ Guardian _____ Date: _____

Name of Parent/ Guardian: _____

Home/ Cell Phone: (_____) _____ - _____ Emerg. Phone: (_____) _____ - _____

Street Address: _____ Zip Code: _____

Email Address: _____

Parish in which you are registered: _____

Do you do home school your children? Yes No; If **yes**, please list the Education Materials you use:

REGISTRATION FEE:

Number of children you're registering:	Fee for that number of children:
<input type="checkbox"/> One child	\$60.00
<input type="checkbox"/> Two children	\$100.00
<input type="checkbox"/> Three children	\$120.00
<input type="checkbox"/> Four children	\$120.00 (no additional fee)

Fees for Sacramental Years:

First Communion = No fee



PERMISSION FOR PHOTOS

I give St. Mary Cathedral permission to take pictures of my child/ children during Religious Education and special events which occur at St. Mary's. These photos will only be used in the parish bulletin or on the Religious Education bulletin board. Yes No

I give St. Mary Cathedral permission to also use the above mentioned pictures on the Religious Education Website. Yes No

Signature of Parent/ Legal Guardian _____ Date _____

- Paid
- Credit Card
- Online at:
- <https://giving.parishsoft.com/f/f2?formid=5c797932-00a1-4975-b8cc-ec481def758b>
- Cash
- Check #: _____
- Not Yet Paid



1. Child _____ Birth Date _____ Sex _____ Grade _____ Public School Attending _____

SACRAMENT INFORMATION

Baptized Catholic? Yes No Date _____ Church _____

Eucharist? Yes No Date _____ Church _____

Confirmation? Yes No Date _____ Church _____

Special Needs: Medical, learning disabilities, and physical disabilities: _____

2 Child _____ Birth Date _____ Sex _____ Grade _____ Public School Attending _____

SACRAMENT INFORMATION

Baptized Catholic? Yes No Date _____ Church _____

Eucharist? Yes No Date _____ Church _____

Confirmation? Yes No Date _____ Church _____

Special Needs: Medical, learning disabilities, and physical disabilities: _____

3. Child _____ Birth Date _____ Sex _____ Grade _____ Public School Attending _____

SACRAMENT INFORMATION

Baptized Catholic? Yes No Date _____ Church _____

Eucharist? Yes No Date _____ Church _____

Confirmation? Yes No Date _____ Church _____

Special Needs: Medical, learning disabilities, and physical disabilities: _____

4. Child _____ Birth Date _____ Sex _____ Grade _____ Public School Attending _____

SACRAMENT INFORMATION

Baptized Catholic? Yes No Date _____ Church _____

Eucharist? Yes No Date _____ Church _____

Confirmation? Yes No Date _____ Church _____

Special Needs: Medical, learning disabilities, and physical disabilities: _____

Note: If any of your children were baptized outside of this parish and you have not already supplied us with a copy of each child's baptismal record, you will need to supply a copy for our files.