



# DULCE NOMBRE DE MARIA CATHEDRAL-BASILICA

207 Archbishop F.C. Flores St., Hagatña GU 96910  
Tel: 671-477-1842 / 472-6201 ✂ Email: info@aganacathedral.org ✂ Web: www.aganacathedral.org ✂ Facebook: @aganacathedral



## RELIGIOUS EDUCATION K-11th grade Registration Form

**FOR OFFICE USE ONLY:** Received By: \_\_\_\_\_ Date Received: \_\_\_\_\_

**PLEASE NOTE: This is a Cathedral-Basilica Parish Religious Education program. If you are not a registered member of this parish and would like to become a member, please fill out a registration form and submit it together with this form.**

**STUDENT INFORMATION:**

Name: \_\_\_\_\_  
Last First Middle

Date of Birth: \_\_\_\_\_ Grade Level: \_\_\_\_\_

Please provide the necessary information pertaining to your child.

Sacrament	NO	YES	Date Received	Name of Church & Location
Baptism				
Reconciliation				
1 <sup>st</sup> Communion				
Confirmation				

Where did your child last attend Religious Education Classes: \_\_\_\_\_

What year: \_\_\_\_\_ What grade was he/she at the time: \_\_\_\_\_

Did your child complete the Religious Education program for that year?  YES  NO

Does your child require any form of special attention?  YES  NO *If YES, please indicate:* \_\_\_\_\_

Where is your child currently attending school? \_\_\_\_\_

**PARENT/GUARDIAN INFORMATION:** **PARISH ENVELOPE NUMBER:** \_\_\_\_\_

Father's Name: \_\_\_\_\_ Religion: \_\_\_\_\_  
Last First Middle

Home Phone: \_\_\_\_\_ Cell Phone/Pager: \_\_\_\_\_ Work Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_ Home Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

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Mother's Name: \_\_\_\_\_ Religion: \_\_\_\_\_  
Last First Middle

Home Phone: \_\_\_\_\_ Cell Phone/Pager: \_\_\_\_\_ Work Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_ Home Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_



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### IN CASE OF EMERGENCY:

Please provide the names of two (2) individuals that we may contact in the event both parents are unreachable.

1. Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone/Pager: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_

2. Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone/Pager: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_

### PLEASE LIST THE NAMES OF OTHER CHILDREN ATTENDING RELIGIOUS EDUCATION CLASSES:

1. Name: \_\_\_\_\_ Grade: \_\_\_\_\_

2. Name: \_\_\_\_\_ Grade: \_\_\_\_\_

3. Name: \_\_\_\_\_ Grade: \_\_\_\_\_

4. Name: \_\_\_\_\_ Grade: \_\_\_\_\_

5. Name: \_\_\_\_\_ Grade: \_\_\_\_\_

### PROGRAM INFORMATION:

**1. \*Sacrament Preparation Classes**

- Reconciliation (2<sup>nd</sup> Grade)
- 1<sup>st</sup> Communion (3<sup>rd</sup> Grade)
- Confirmation (9<sup>th</sup>-10<sup>th</sup> Grade)
- General CCD (1<sup>st</sup>, 4<sup>th</sup>-8<sup>th</sup> Grade)

**2. Registration Fee (This fee is used solely for the purchase of books and religious materials)**

- General Classes - \$40
- Sacramental Classes - \$50 (Reconciliation or 1<sup>st</sup> Communion)
- Confirmation Classes - \$75 (Confirmation)
- \$10 late fee will be assessed after the enrollment deadline.

*The signature of one (1) parent / legal guardian is required for enrollment.*

\_\_\_\_\_  
Parent / Legal Guardian (Please print and sign)

\_\_\_\_\_  
Date

### **FOR OFFICE USE ONLY**

Amount Paid: \_\_\_\_\_ Balance: \_\_\_\_\_  Cash  Check No. \_\_\_\_\_ Receipt No. \_\_\_\_\_