

2019-2020 CHILDREN'S SACRAMENTAL REGISTRATION FORM

FIRST PENANCE FIRST HOLY COMMUNION

1. Family Information Please print clearly!

Family name: _____
(the last name the family is registered under)

Primary Email: _____ Home Phone: _____
Preferred email for communications, you will receive class/event reminders, emergency changes and updates from faith formation at this address

Home Address: _____
Street City State Zip

Adult Household Member #1 Full Name: _____ Cell: _____

Email: _____ Catholic: Y or N

Mailing Address (if different): _____

Adult Household Member #2: Full Name: _____ Cell: _____

Email: _____ Catholic: Y or N

Mailing Address (if different): _____

EMERGENCY CONTACT other than parent: _____ Relationship to student: _____

EMERGENCY CONTACT- Home Phone: _____ Cell: _____

Home Parish: _____

2. Student Information for those wishing to receive First Penance/Holy Communion

Full Name(s) of Child(ren):	Child #1	Child #2	Child #3
Date of Birth	____/____/____	____/____/____	____/____/____
Grade in Fall 2019			
Baptism Information <small>Please include month/year of baptism</small>	<input type="checkbox"/> Baptized: Catholic <input type="checkbox"/> Y <input type="checkbox"/> N _____ _____ <small>Name of church, city, and date of baptism</small>	<input type="checkbox"/> Baptized: Catholic <input type="checkbox"/> Y <input type="checkbox"/> N _____ _____ <small>Name of church city, and date of baptism</small>	<input type="checkbox"/> Baptized: Catholic <input type="checkbox"/> Y <input type="checkbox"/> N _____ _____ <small>Name of church, city, and date of baptism</small>
	Special Needs? <small>(learning or physical disability, reading difficulty, hearing impairment, emotional problem, food allergy, etc...)</small>		
Name as it should appear on certificate	Child #1 _____	Child #2 _____	Child #3 _____

3. Photo Release Statement

I hereby **GRANT** permission for my child(ren) to be photographed and/or videotaped during Cathedral activities and events. I understand that my child may decline to be photographed and/or videotaped at any time. I further grant permission for the resulting photographs and/or videotaped footage to be edited, if necessary, and then published and/or broadcast for the purposes of promoting the faith formation program here at Cathedral.

NAME (Please print) _____

Parent/Guardian Signature _____ Date: _____

I hereby **DECLINE** to grant permission for my child(ren) to be photographed and/or videotaped during Cathedral activities.