## The Cathedral-Basilica of Saint James

Children's Faith Formation Program 2019-2020

## **REGISTRATION FORM**

Father's Name	Father's Religion							
Father's Email				Father's Ce	ell			
Mother's Name					Mother's Religion			
Mother's Email					Mother's Cell			
Home Address								
City, State ZIP								
Home Phone								
Emergency Contact (if pare	ents ca	innot be rea	ached)					
Name Relationship								
Phone					_			
Was (Were) your child(ren)					ear? Yes	No		
If Yes, whe	re did	your child	receive F	aith Formation?				
					Please indicate the dates of the Sacraments & received by each child*			
CHILD'S FULL NAME	M/F	DATE OF BIRTH	GRADE FALL 2019	ELEMENTARY OR MIDDLE SCHOOL	BAPTISM	FIRST HOLY COMMUNION		
			2017				CONFIRMATION	
			2017				CONFIRMATION	
			2017				CONFIRMATION	
			2017				CONFIRMATION	

The registration fee is \$75 per family. Please reach out if financial assistance is needed.

<sup>\*</sup> For students new to our program, please provide copies of the Sacramental Certificates for each child *if received* outside of Saint James Cathedral Basilica.