

REGISTRATION
Cathedral of the Immaculate Conception
Faith Formation Program
(Religious Education 2014-2015)

Father's Full Name _____ Address _____ Phone _____
 Place of employment _____ Phone _____ Religion _____
 Father's Email _____
 Mother's Full Name _____ Address _____ Phone _____
 Place of employment _____ Phone _____ Religion _____
 Mother's Email _____ Permission to publish photos: yes or no

Child's Name Grade Birthday st Eucharist First Reconciliation

(Check if your child has Received 1st Euch. Or 1st Rec.)

1. _____	_____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____	_____
5. _____	_____	_____	_____	_____	_____

Our child/ren have **allergies** to: _____

Tuition (Please indicate your intention of payment)

Grades K-11 \$50.00 per student

- ♦ Families with 3 or more children enrolled in Cathedral RE - flat fee of \$150.00
- ♦ Send payment to Cathedral School Office - Attention: Deb Peterson, no later than Sept. 5, 2014.

_____ Full payment now of _____ _____ Payment for a child unable to pay
 _____ Partial Payment of _____ _____ *Unable to pay but will help. Please Call.

 Total Tuition Paid: \$____.____ Partial Payment Paid: \$____.____ Balance Due: \$____.____ *I will help _____

We will be Home Schooling our children (please give name and grade above) _____
 Our child/ren have special needs (Name the special needs) _____, _____
 Signature _____ Date _____

***If you are unable to pay, we will contact you to help you determine how your gifts and talents would add to the enrichment of our Faith Program. There are many areas that will need your presence and gifts.**

FILL IN BOTH FORMS AND RETURN THEM
TO THE SCHOOL OFFICE BY SEPTEMBER 5, 2014
THANK YOU!

Let us know how we can be of assistance to you. We care about you.

