



Cathedral of the Immaculate Conception
Religious Education Program **2019-2020**



Father's/Guardian's Name: _____ **Email:** _____

Phone #'s (home) _____ (cell) _____ carrier** _____ work) _____
(ATT, Verizon, etc.)

Address: _____

Mother's/Guardian's Name: _____ **Email:** _____

Phone #'s (home) _____ (cell) _____ carrier** _____ (work) _____
(ATT, Verizon, etc.)

Address: _____
(if different from above)

Permission to publish photos? YES **NO**

Child's Name: _____ **Grade:** _____ **School:** _____ **Birthdate:** _____

Date/Place of Sacraments if not Cathedral: Baptism: _____

1st Reconciliation: _____ 1st Eucharist: _____ Confirmation: _____

Allergies: _____ Is child enrolled in an IEP*? _____

Child's Name: _____ **Grade:** _____ **School:** _____ **Birthdate:** _____

Date/Place of Sacraments if not Cathedral: Baptism: _____

1st Reconciliation: _____ 1st Eucharist: _____ Confirmation: _____

Allergies: _____ Is child enrolled in an IEP*? _____

Child's Name: _____ **Grade:** _____ **School:** _____ **Birthdate:** _____

Date/Place of Sacraments if not Cathedral: Baptism: _____

1st Reconciliation: _____ 1st Eucharist: _____ Confirmation: _____

Allergies: _____ Is child enrolled in an IEP*? _____

Child's Name: _____ **Grade:** _____ **School:** _____ **Birthdate:** _____

Date/Place of Sacraments if not Cathedral: Baptism: _____

1st Reconciliation: _____ 1st Eucharist: _____ Confirmation: _____

Allergies: _____ Is child enrolled in an IEP*? _____

*IEP information will be used only to assist course teacher with student learner preferences or modifications.

**Providing cell phone carrier will enable us to send a text message alert for schedule changes and reminders.

Tuition

Grades k-11 tuition: \$50.00 per student

Families with 3 or more children enrolled in Cathedral RE – flat fee of \$150.00

Please indicate your intention of payment:

_____ Full payment now of _____ Partial Payment of _____ Unable to Pay

Please fill out **both** sides of this registration form and send in with your payment to the Cathedral School or Parish office, 702 Summit Avenue, Crookston, MN 56716.

Please call the school or parish office with any questions:

Grade K-6 (218) 281-1835

Grade 7-12 (218) 281-1735

RELIGIOUS EDUCATION TRANSPORTATION

Students are not released for RE by the public schools without this form.



GRADES K-6

Students in grades k-6 are bused from Washington and Highland Schools by the Tri-Valley Bus. Please acknowledge by your signature below, that your child(ren) has/have permission to ride the Tri-Valley bus from school to Cathedral for religious education.

Parent/Guardian Signature: _____

Parents/Guardians must provide transportation home from RE and students must be picked up at 4:20pm. Please list below the name(s) and contact number(s) of those who will be picking up your child/ren.

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____



GRADES 7-8

Transportation for 7th and 8th grade Edge is provided by the school district from CHS to the Cathedral and back to CHS. Parent/guardian consent is required for the students to be released from school to attend RE.

By my signature I acknowledge that my child(ren) _____

_____ in grade(s) _____

is/are registered at the Cathedral Parish for Religious Education classes. I further acknowledge that my signature indicates my consent to have my child(ren) bused from CHS to Cathedral.

Parent/Guardian Signature: _____