

# Cathedral of Our Lady

## K-11<sup>th</sup> Grade Faith Formation Registration

Processed by: \_\_\_\_\_  
Date: \_\_\_\_\_  
Amount: \_\_\_\_\_  
Cash/Ck #: \_\_\_\_\_  
For (note w count): \_\_\_\_\_  
RE \_\_\_\_\_ Sac \_\_\_\_\_

**Registration fee: \$60 per student / \$120 family cap** (Scholarships are available.)  
**Sacramental preparation fee: \$60 per student** (Scholarships are available.)

### Parent Contact

Name(s) \_\_\_\_\_  
Relationship \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_  
Work/Cell \_\_\_\_\_  
Email \_\_\_\_\_

### Secondary Contact

Name(s) \_\_\_\_\_  
Relationship \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_  
Work/Cell \_\_\_\_\_  
Email \_\_\_\_\_

Student's contact information will be used for emergency purposes and to promote Cathedral of Our Lady's Programs and Events.  
There is a Safe Environment approved program that will be used for student contact via text message. Please contact for more information.

Student Name \_\_\_\_\_ D.O.B. \_\_\_ / \_\_\_ / \_\_\_\_\_ Sex: M/F \_\_\_\_\_  
Student Phone# \_\_\_\_\_ E-mail \_\_\_\_\_ School \_\_\_\_\_  
Grade \_\_\_\_\_ Sacraments Received (✓): Baptism \_\_\_\_\_ 1<sup>st</sup> Recon' \_\_\_\_\_ 1<sup>st</sup> Comm' \_\_\_\_\_  
Allergies/Medical Conditions: \_\_\_\_\_  
Registering for (✓): Sun School/Edge/Deep (\$60): \_\_\_\_\_ Sacramental Prep (\$60): \_\_\_\_\_

Student Name \_\_\_\_\_ D.O.B. \_\_\_ / \_\_\_ / \_\_\_\_\_ Sex: M/F \_\_\_\_\_  
Student Phone# \_\_\_\_\_ E-mail \_\_\_\_\_ School \_\_\_\_\_  
Grade \_\_\_\_\_ Sacraments Received (✓): Baptism \_\_\_\_\_ 1<sup>st</sup> Recon' \_\_\_\_\_ 1<sup>st</sup> Comm' \_\_\_\_\_  
Allergies/Medical Conditions: \_\_\_\_\_  
Registering for (✓): Sun School/Edge/Deep (\$60): \_\_\_\_\_ Sacramental Prep (\$60): \_\_\_\_\_

Student Name \_\_\_\_\_ D.O.B. \_\_\_ / \_\_\_ / \_\_\_\_\_ Sex: M/F \_\_\_\_\_  
Student Phone# \_\_\_\_\_ E-mail \_\_\_\_\_ School \_\_\_\_\_  
Grade \_\_\_\_\_ Sacraments Received (✓): Baptism \_\_\_\_\_ 1<sup>st</sup> Recon' \_\_\_\_\_ 1<sup>st</sup> Comm' \_\_\_\_\_  
Allergies/Medical Conditions: \_\_\_\_\_  
Registering for (✓): Sun School/Edge/Deep (\$60): \_\_\_\_\_ Sacramental Prep (\$60): \_\_\_\_\_

Student Name \_\_\_\_\_ D.O.B. \_\_\_ / \_\_\_ / \_\_\_\_\_ Sex: M/F \_\_\_\_\_  
Student Phone# \_\_\_\_\_ E-mail \_\_\_\_\_ School \_\_\_\_\_  
Grade \_\_\_\_\_ Sacraments Received (✓): Baptism \_\_\_\_\_ 1<sup>st</sup> Recon' \_\_\_\_\_ 1<sup>st</sup> Comm' \_\_\_\_\_  
Allergies/Medical Conditions: \_\_\_\_\_  
Registering for (✓): Sun School/Edge/Deep (\$60): \_\_\_\_\_ Sacramental Prep (\$60): \_\_\_\_\_

Dear Parent/s,

Please review both the **PHOTOGRAPHY RELEASE** statement and **SAFE ENVIRONMENT** notice below.

- Please select ONE of the options regarding PHOTOGRAPHY RELEASE statement and sign.
- ONLY sign the SAFE ENVIRONMENT TRAINING *WAIVER*, if you do NOT want your child to participate in the training provided during Religious Education.

**PHOTOGRAPHY RELEASE STATEMENT**

\_\_\_\_ I hereby grant permission for my child to be photographed and/or videotaped during Cathedral of Our Lady sponsored programs and events. I understand that the resulting photographs and/or videotaped footage may be edited, if necessary, and then published and/or posted in parish newsletters, family newsletters, and promotional material.

\_\_\_\_ I hereby decline to grant permission for my child to be photographed and/or videotaped during Cathedral of Our Lady sponsored programs and events. I have instructed my child to decline to be photographed and/or videotaped at all times. I have further instructed my child to notify Cathedral of Our Lady program and event coordinators that he/she may not be photographed and/or videotaped under any circumstances.

**Name of Child/ren:**

\_\_\_\_\_  
\_\_\_\_\_

Parent/Guardian Signature:

Date

*Printing your name on the signature line indicates that you have electronically signed the above form.*

\_\_\_\_\_  
\_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

**SAFE ENVIRONMENT**

As part of our on-going commitment to ensure the safety of your child(ren), safe environment programming is a part of our religious education program. Students are not required to attend but they and their parents should understand the importance of this program as part of their education about boundaries, appropriate interactions between adults and minors and related personal safety issues. This should not be considered an optional program; students that cannot attend should have a valid reason for their absence. The presumption is that every child will participate in the lessons. Parents may choose to complete the waiver below to excuse their child from the program.

**Safe Environment Training Waiver:**

NOTICE:

DO NOT sign below, if your children CAN participate in the real-world and online safety training.

Only sign & date below to waive Safe Environment training for your children.

My/our child(ren) **will not** be attending Safe Environment training provided by the parish/school.

\_\_\_\_ Please send me a copy of the *Think First & Stay Safe Parent Guide* to assist me/us in providing the training at home.

Parent/Guardian Signature

Date

*Printing your name on the signature line indicates that you have electronically signed the above form.*

\_\_\_\_\_  
\_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

Parish/School Leader

Date *Parent Guide* sent: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

# Cathedral of Our Lady

## First Reconciliation and Communion Preparation Registration

Processed by: \_\_\_\_\_  
Date: \_\_\_\_\_  
Amount: \_\_\_\_\_  
Cash/Ck #: \_\_\_\_\_  
For (note w count): \_\_\_\_\_  
RE \_\_\_\_\_ Sac \_\_\_\_\_

**Sacramental preparation fee: \$60 per student**  
(Scholarships are available.)

### Parent Contact

Name(s) \_\_\_\_\_  
Relationship \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_  
Work/Cell \_\_\_\_\_  
Email \_\_\_\_\_

### Secondary Contact

Name(s) \_\_\_\_\_  
Relationship \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_  
Work/Cell \_\_\_\_\_  
Email \_\_\_\_\_

### Candidate Information:

Name of Candidate: \_\_\_\_\_  
DATE OF BAPTISM \_\_\_\_\_  
CHURCH OF BAPTISM \_\_\_\_\_  
\_\_\_\_\_  
ADDRESS OF CHURCH OF BAPTISM \_\_\_\_\_  
\_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_  
ZIP \_\_\_\_\_

**\*All candidates NOT baptized at the Cathedral  
MUST present a certification of Baptism along  
with this form.**

### Notes:

- There are two family meetings, and a rehearsal per sacrament.
- There is a bread making retreat for First Communion that is included in the sacramental preparation fee also.
- Please engage in your child's reception of these sacraments by asking them questions about their progress, coming to class, and growing in your own knowledge of the sacrament. Be an example for your child of what Christian sacramental discipleship is.

# Cathedral of Our Lady

## Confirmation Preparation Registration

Processed by: \_\_\_\_\_  
 Date: \_\_\_\_\_  
 Amount: \_\_\_\_\_  
 Cash/Ck #: \_\_\_\_\_  
 For (note w count): \_\_\_\_\_  
 RE \_\_\_\_\_ Sac \_\_\_\_\_

**Sacramental preparation fee: \$60 per student**

### Parent Contact

Name(s) \_\_\_\_\_  
 Relationship \_\_\_\_\_  
 Address \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_  
 Home Phone \_\_\_\_\_  
 Work/Cell \_\_\_\_\_  
 Email \_\_\_\_\_

### Secondary Contact

Name(s) \_\_\_\_\_  
 Relationship \_\_\_\_\_  
 Address \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_  
 Home Phone \_\_\_\_\_  
 Work/Cell \_\_\_\_\_  
 Email \_\_\_\_\_

CANDIDATE: \_\_\_\_\_  
 (First) (Middle) (Last)

HOME PARISH \_\_\_\_\_

\*CONFIRMATION NAME (leave blank for now) \_\_\_\_\_

GRADE \_\_\_\_\_ DOB \_\_\_\_\_ AGE (as of date sacrament offered) \_\_\_\_\_

### Baptismal Information:

DATE OF BAPTISM \_\_\_\_\_

CHURCH OF BAPTISM \_\_\_\_\_

ADDRESS OF CHURCH OF BAPTISM \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_

ZIP \_\_\_\_\_

**\*All candidates NOT baptized at the Cathedral  
 MUST present a certification of Baptism along  
 with this form.**

### Sponsor Contact (filled out in January)

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Home Phone \_\_\_\_\_

Work/Cell \_\_\_\_\_

Email \_\_\_\_\_

#### After registration check list:

1. Please attach an explanation as to how or why you have chosen this person as you sponsor.
2. Hand in baptismal certificate if not baptized at the Cathedral.
3. Attend a Diocesan Confirmation retreat or equivalent
4. Write letter to Bishop (content of letter is given separately)
5. Write documentation at least 20 volunteer hours
6. Meet individually at least once with priest, or priest's minister
7. Attend supplemental education sessions with parent or sponsor.
8. Most importantly, be confident that confirmation is a sacrament received freely, and with the honest desire to be sealed with the gifts of the Holy Spirit with full intention of living out Christian discipleship into adulthood.