

**REGISTRATION FOR RELIGIOUS EDUCATION PROGRAMS  
CATHEDRAL OF ST. IGNATIUS LOYOLA  
9999 North Military Trail – Palm Beach Gardens, FL 33410  
Parish Office (561) 622-2565 Fax (561) 624-9489  
[www.stignatiuspb.com](http://www.stignatiuspb.com)**

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| <b>2010/2011<br/>OFFICE USE ONLY</b><br><br>SESSION _____<br>GRADE _____ |
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*With sensitivity to our limited facilities and resources our Religious Education programs are for registered parishioners only*

DATE: \_\_\_\_\_ E- MAIL \_\_\_\_\_

Family Last Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ ENV/ID# \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip \_\_\_\_\_

**CHILD LIVES WITH:** Both Parents \_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_ Other: \_\_\_\_\_ Phone: \_\_\_\_\_

**MOTHER or FEMALE GUARDIAN:**

First Name: \_\_\_\_\_ Last: \_\_\_\_\_ Maiden: \_\_\_\_\_

Occupation: \_\_\_\_\_ Work Number: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Address (if different): \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

**FATHER or MALE GUARDIAN:**

First Name: \_\_\_\_\_ Last: \_\_\_\_\_

Occupation: \_\_\_\_\_ Work Number: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Address (if different): \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

| CHILD INFORMATION               | Child 1       | Child 2       | Child 3       | Child 4       |
|---------------------------------|---------------|---------------|---------------|---------------|
| <b>FIRST NAME</b>               |               |               |               |               |
| <b>LAST NAME (if different)</b> |               |               |               |               |
| <b>GRADE in Sept. 2010</b>      |               |               |               |               |
| <b>MALE/FEMALE</b>              |               |               |               |               |
| <b>BIRTH DATE</b>               |               |               |               |               |
| <b>BAPTISM*</b>                 | Date<br>Place | Date<br>Place | Date<br>Place | Date<br>Place |
| <b>FIRST RECONCILIATION</b>     | YES or NO     | YES or NO     | YES or NO     | YES or NO     |
| <b>FIRST COMMUNION*</b>         | Date<br>Place | Date<br>Place | Date<br>Place | Date<br>Place |

SCHOOL(S) ATTENDING: \_\_\_\_\_

**GRADES: K – 5<sup>TH</sup>** Session Choices:

*Tuesday 6:00 p.m.-7:15 p.m.*  **or** *Thursday 5:00 p.m.- 6:15 p.m.*

**GRADES: 6, 7 & 8<sup>th</sup> (Confirmation I)** *Wednesday 6:00 p.m. - 7:30 p.m.*

**GRADE: 9 (Confirmation II)** *Sunday 9:00 a.m. - 10:15 a.m.*

**\* Please note in spaces above if your child has NOT been baptized Catholic or rec'd 1<sup>st</sup> communion**

**Registration Fees:**

\$65 for 1 child

\$90 for 2 children

\$125 for 3 or more

\$175 for Confirmation II

|                        |
|------------------------|
| Date Paid _____        |
| Cash/Ck # _____        |
| Rec'd by: _____        |
| <b>OFFICE USE ONLY</b> |

**Volunteer Hours:** We would appreciate it if each family could volunteer their time and talents for our parish programs. Our goal is to help parents/guardians get to know each other and encourage parish community.

Teach a class

Refreshments

Assist during my child's class session

Prepare materials for class sessions

Other/As needed

Make phone calls

***COPIES OF BAPTISMAL CERTIFICATES REQUIRED FOR RECEIVING SACRAMENTS***

**SACRAMENTAL PERMISSION**

*Parental signatures are required for education and to receive a Sacrament*

Mother (or legal Guardian) \_\_\_\_\_ Signature

Father (or legal Guardian) \_\_\_\_\_ Signature

**EMERGENCY INFORMATION**

*If either parent can't be reached, whom should we contact in case of an emergency?*

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Is there any medical information that we need to know about your children? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, please list:

| <u>Name of child</u> | <u>Dietary Restrictions</u> | <u>Allergies</u> |
|----------------------|-----------------------------|------------------|
| _____                | _____                       | _____            |
| _____                | _____                       | _____            |
| _____                | _____                       | _____            |

NOTES/COMMENTS: \_\_\_\_\_

OTHER CONDITIONS: \_\_\_\_\_