

**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)**

<b>2011/2012 OFFICE USE ONLY</b>  SESSION _____ 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. 2011</b>				
<b>MALE/FEMALE</b>				
<b>BIRTH DATE</b>				
<b>BAPTISM*</b>	Date Place	Date Place	Date Place	Date Place
<b>FIRST RECONCILIATION</b>	YES or NO	YES or NO	YES or NO	YES or NO
<b>FIRST COMMUNION*</b>	Date Place	Date Place	Date Place	Date 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** *Wednesday 6:00 p.m. - 7:30 p.m.*

**GRADE 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**

Date Paid \_\_\_\_\_

Cash/Ck # \_\_\_\_\_

Rec'd by: \_\_\_\_\_

**OFFICE USE ONLY**

### Registration Fees:

#### Kindergarten – 7<sup>th</sup> Grade

- \$ 65 for 1 child
- \$100 for 2 children
- \$125 for 3 or more

#### Grade 8 and 9

- \$125 for Grade 8 Confirmation I
- \$175 for Grade 9 Confirmation II

**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
- Assist during my child's class session

## **COPIES OF BAPTISMAL CERTIFICATES REQUIRED FOR SACRAMENTAL REGISTRATION**

### 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: \_\_\_\_\_