

St Frances Cabrini – Religious Education REGISTRATION FORM

Family’s Last Name _____ Date _____

Address _____

Street City State Zip

Phones –Cell (F) _____ (M) _____

(Home) _____

Parent e-mail: _____

Father’s Name _____ Religion _____

Mother’s Name _____ Religion _____

Stepparent’s/Guardian’s Name _____

Emergency Contact _____
Name Relation Phone

CHILDREN BEING REGISTERED FOR GRADES PRE-K – 9

NOTE: Under “Name” list child’s full given name. Indicate which sacraments have been celebrated ALREADY by placing an “X” on the line.

Name _____ DOB ___/___/___ Sex _____

Grade Entering ___ where attended CCD last year _____

First name preferred to be addressed by _____

___ Baptism ___ Reconciliation ___ Eucharist ___ Confirmation

Allergies _____

Medications _____

Chronic Conditions (e.g. epilepsy, diabetes) _____

Parent comments:

Name _____ DOB ___/___/___ Sex _____

Grade Entering ___ where attended CCD last year _____

First name preferred to be addressed by _____

___ Baptism ___ Reconciliation ___ Eucharist ___ Confirmation

Allergies _____

Medications _____

Chronic Conditions (e.g. epilepsy, diabetes) _____

Parent comments:

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Allergies _____

Medications _____

Chronic Conditions (e.g. epilepsy, diabetes) _____

Parent comments:

<p>RELIGIOUS EDUCATION FEES</p> <p>\$35 for non-sacramental classes; \$50 for Sacramental Years</p> <p>(Reconciliation & First Communion Preparation for the 2021-2022 school year/ Confirmation Preparation will resume next year)</p> <p>Please submit payment at time of registration.</p> <p>Make checks payable to St. Frances Cabrini Church.</p> <p>If you are unable to pay registration fees, please see the Coordinator of Religious Education.</p> <p>*****</p> <p>Office use only: amount _____ check # _____ date _____</p>

CCD VOLUNTEER INFORMATION – CAN YOU HELP?

___ I can TEACH a class.

___ I can ASSIST a class.

___ I would be interested in being a substitute catechist - ___ Pre-K – 2 ___ 3-5 ___ 6-9

___ You may contact me about donations/volunteering.

Name _____ Phone # _____ E-mail _____

I acknowledge that the CRE and parish continue to closely monitor local COVID-19 transmission rates and health guidelines. I agree to abide by all precautions and safety measures that may be implemented to keep my child and others in the Religious education classroom environment safe (i.e. masks, social distancing, etc.)

Signature: _____ Date: _____

Comments: _____
