

**Cathedral of the Immaculate Conception
2018-2019 Confirmation Registration Form**

Student's Name: _____ Nickname _____

Date of Birth: _____

Baptism Date: _____ First Eucharist Date: _____

Parish _____ Parish _____

(If not Cathedral, please include a copy of Baptismal Certificate)

School Attending in September: _____ Grade _____

Home Phone: _____ Parent's Cell Phone: _____

Family E-Mail: _____

(Please write legibly. Most communication will be via email.)

Mother's Name: _____ Father's Name: _____

Mother's Religion: _____ Father's Religion: _____

Address: _____

City: _____ State: _____ Zip: _____

Emergency Contact: _____

(Name)

(Phone Number)

Medical Conditions/Allergies/Special Needs: _____

Photographs and/or videos of minors are taken periodically for use in parish/parochial publications. In signing this authorization, you are acknowledging this and granting permission to Cathedral of the Immaculate Conception Faith Formation to use photos/videos of your child and their name in print/electronic publications and displays.

Parent Name (Print) _____

Parent Signature: _____

FEE FOR THE ONE YEAR PROGRAM IS \$50. Registration and Fee are due by July 31, 2018.

(If student fee presents a hardship, please call The Cathedral, 315-422-4177.

Return Form and Payment to: The Cathedral, Attn: Faith Formation, 259 E. Onondaga St., Syracuse, NY 13202

For Office Use: Date Paid: _____ Check #: _____ Cash _____