

**CATHEDRAL OF THE IMMACULATE CONCEPTION**

**FAITH FORMATION REGISTRATION 2018-2019**

Child's

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

Nickname: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: F M

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone No: \_\_\_\_\_

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

School Attending in September: \_\_\_\_\_ Grade: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Religion: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Religion: \_\_\_\_\_

Parent comments and/or medical information that would assist us in teaching your child  
(PLEASE INCLUDE ANY ALLERGIES AND EDUCATIONAL NEEDS):

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Emergency Phone Number we can call while your child is in our care:

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Relationship: \_\_\_\_\_

I hereby give my consent to Cathedral of the Immaculate Conception to photograph, film, videotape and then use, reproduce and publish said images of me and/or my child/children. I hereby release Cathedral of the Immaculate Conception the right to share images of me and/or my child/children on the organization's website, social media pages or printed material and to distribute images of me and/or my children to media outlets. \_\_\_\_\_

**SACRAMENTAL RECORD**

Number of years of Religious Ed: \_\_\_\_\_ Where: \_\_\_\_\_

Baptism Date: \_\_\_\_\_ Church: \_\_\_\_\_ City: \_\_\_\_\_

1<sup>st</sup> Eucharist Date: \_\_\_\_\_ Church: \_\_\_\_\_ City: \_\_\_\_\_

Faith Formation Grade Entering in 2018-2019: \_\_\_\_\_

**OUR FEE IS \$25.00/child or \$75.00/family (3 or more children)**

**\*\$10.00 Late Fee per child after August 1.**

**NOTE: Please fill out one Registration Form for each child.**

**Mail Form & Payment to The Cathedral, Attn: Faith Formation, 259 E. Onondaga St., Syracuse, NY 13202**

For Office Use: Date Paid: \_\_\_\_\_ Check #: \_\_\_\_\_ Cash: \_\_\_\_\_