

# Cathedral of the Incarnation

## Religious Education Program

### Registration Form for 2010-2011

**Office use only**

Date registered \_\_\_\_\_

Paid check # \_\_\_\_\_

Paid cash \_\_\_\_\_

**In order to be placed in a class, the following information should be on file by Sept. 6, 2010**

Sessions for grade 1 through grade 7 begin on Sunday, **September 19.**

Sessions for Preschool (3's and 4's) and Kindergarten begin on Sunday, **September 26**

Grade 8 sessions begin with a parent/teen meeting on Wednesday, **October 6** at 6:30.

**You will receive an email with dates and classroom assignments in early August.**

\_\_\_\_\_ 1. Are you a registered member of the Cathedral?

\*(if not please call the parish office at 327-2330 to register)

\_\_\_\_\_ 2. Enclose a \$30 material fee per student (not to exceed \$90 per family)

\*Scholarships are available if needed, please contact the Director of Religious Education

\_\_\_\_\_ 3. For 2<sup>nd</sup> & 8<sup>th</sup> grade students only: Attach a copy of the baptismal certificate *with the church address* \* If baptized here, at the Cathedral, no certificate is needed. **Please indicate that below**

\_\_\_\_\_ 4. My child has permission to participate in child safety classes. Initial here \_\_\_\_\_

***Please print***

FAMILY LAST NAME \_\_\_\_\_ HOME PHONE # \_\_\_\_\_

MOTHER'S FIRST NAME \_\_\_\_\_ RELIGION \_\_\_\_\_

CELL# \_\_\_\_\_

FATHER'S FIRST NAME \_\_\_\_\_ RELIGION \_\_\_\_\_

CELL # \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

***PLEASE LIST ONLY YOUR CHILDREN THAT ARE ENROLLING IN R.E.***

\*Key for Sacramental History: B=Baptism R=Reconciliation E=Eucharist C=Confirmation

Please write the letter that corresponds to the sacrament that the child *has already received*

Name	Gender	Birth Date	Grade	School	Sacraments
(Last name if different from above)					
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Where did child(ren) attend Catholic school or Religious Education last year, if not at the Cathedral?

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## Special Needs Information

You, as the parent or guardian, can help us by clearly identifying any special needs or challenges your child may have. This information is helpful in order to effectively meet the needs of your child. **This information will remain confidential.**

- My child has a medical condition which could be serious (*e.g., allergies, asthma, bee stings*)  
*Please specify the child and condition*\_\_\_\_\_
- My child has an identified learning disability (*e.g., dyslexia, hearing, vision, ADD*)  
*Please specify the child and learning disability*\_\_\_\_\_
- My child is attending special education classes in his/her regular school?    YES    NO  
*Please specify the child and how often (e.g., 1 hour, all day, ½ day)*\_\_\_\_\_
- My child is taking daily medication.  
*Please specify the child and medication*\_\_\_\_\_

**Is there any other pertinent information that would help us better minister to your child?**  
(*i.e.:* relocation, divorce, blended family, death in family, etc)\_\_\_\_\_

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## Volunteer opportunities

*If you might be interested in any of these...please call Suzanne for information. Thank you!*

- Substitute catechist or substitute aide
  - Office aide
  - Room Mother or Father
  - Hallway bulletin board 'creator' (done monthly)
  - Operation Snowflake Coordinator (Advent)
  - Rice Bowl Coordinator (Lent)
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