



# CATHEDRAL OF THE SACRED HEART FAITH FORMATION REGISTRATION 2014-15

Family Last Name: \_\_\_\_\_

Any children registered primarily live with?  Both parents  Mom  Dad  Other: relationship to the children: \_\_\_\_\_

Please list names of adults in this household below.

\_\_\_\_\_ Ph: numbers: \_\_\_\_\_ / \_\_\_\_\_ email: \_\_\_\_\_

Sacramental History of above named person:  Baptism  Confirmation  1<sup>st</sup> Communion This person's Relationship to any children named on this form: \_\_\_\_\_

\_\_\_\_\_ Ph. Numbers: \_\_\_\_\_ / \_\_\_\_\_ email: \_\_\_\_\_

Sacramental History of above named person:  Baptism  Confirmation  1<sup>st</sup> Communion This person's relationship to any children named on this form: \_\_\_\_\_

The Family Mailing Address: \_\_\_\_\_ City/State \_\_\_\_\_ Zip \_\_\_\_\_

## ANY ADULTS, 18 YEARS OF AGE AND OVER, IN THE HOUSEHOLD INTERESTED IN LIFELONG FAITH FORMATION?

*I am / we are interested in (Check all that apply)*

- Preparing to celebrate Baptism, Confirmation or 1<sup>st</sup> Communion  Bible Study
- Becoming Catholic  General Update  Spirituality & Prayer
- Receiving Information about Annulments  Preparing for Sacramental Marriage
- Other suggestions: \_\_\_\_\_
- I am interested in volunteering. Please contact me



Please prayerfully consider enrolling everyone in ongoing faith formation. Sponsorships available.

Suggested donation: \$15/child. \$40 maximum per family.

Fee includes Weekly Faith Formation, Faith Festivals, Children's Liturgy of the Word, Middle & High School Ministry. Additional Fees may be required for sacramental preparation, retreats, and special events. Please turn over for space to list children's names.

Please list Children's First & Last Names Below	Birth Date Mm/dd /yy	Gr.	School	✓ Sacraments Received				Allergies/Medical Concerns
				Baptism	Communion	Confession	Confirm	

My child (ren) were Baptized Catholic.  
 My Child was Baptized in another Christian church.  
 My child(ren) have not been Baptized

If there is another parent with custodial rights that is already named please list him/her below. Thank you.

Name: \_\_\_\_\_ Relationship \_\_\_\_\_ to \_\_\_\_\_.

Address: \_\_\_\_\_ City/State \_\_\_\_\_ Zip \_\_\_\_\_ Ph: \_\_\_\_\_

### Faith Formation Consent Form: Please initial and sign

\_\_\_\_\_ I hereby acknowledge that I am parent or legal guardian of the children (youth) named on this registration form and grant them permission to participate in classes and associated activities and will not the Cathedral of the Sacred Heart, Diocese of Pueblo, its staff and volunteers liable should an accident occur.

\_\_\_\_\_ In the event of a medical emergency and I cannot be contacted, I give my consent for emergency medical treatment to be administered to any or all of the children named in this registration form.

\_\_\_\_\_ I give my permission for the members of my family and myself to be photographed and for these photographs to be used to publicize and promote Faith Formation activities. If applicable, I give my permission for my high school youth to be contacted by cell phone and acknowledge that Cathedral may invite my child to a private Cathedral Facebook account.

Signature of Parent/legal guardian \_\_\_\_\_ Date: \_\_\_\_\_

**Emergency Contact:** Someone we can call to notify of an emergency or pick up your child if you are unavailable.

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

We are registered at the Cathedral (you occasionally receive mail from the parish)  Yes  No **(The information collected is for parish use only. Thank you!)**

For Office Use Only. Amount of Fee Paid: \_\_\_\_\_ ( ) Check # \_\_\_\_\_ ( ) Cash Date: \_\_\_\_\_ Received By: \_\_\_\_\_