



CATHEDRAL OF THE BLESSED SACRAMENT RELIGIOUS EDUCATION PROGRAM

CATHEDRAL
OF THE
BLESSED SACRAMENT

Family Registration Form

Information for Correspondence and Records:

Father's Name _____

Father's Home Phone (_____) _____ Work Phone (_____) _____

Cell Phone (_____) _____ Email _____

Mailing Address _____

City _____ Zip Code _____

Mother's Name _____

Mother's Home Phone (_____) _____ Work Phone (_____) _____

Cell Phone (_____) _____ Email _____

Mailing Address _____
if different from above

City _____ Zip Code _____

Emergency Contact Person's Name _____

Phone #(s) (_____) _____ (_____) _____

Students To Be Enrolled:

	CHILD'S LEGAL NAME	DATE OF BIRTH	GRADE
1.	_____	____/____/____	_____
	Sacraments yet to be received: <input type="checkbox"/> Baptism <input type="checkbox"/> Reconciliation <input type="checkbox"/> Eucharist <input type="checkbox"/> 7 th Grade/Above Confirmation		
2.	_____	____/____/____	_____
	Sacraments yet to be received: <input type="checkbox"/> Baptism <input type="checkbox"/> Reconciliation <input type="checkbox"/> Eucharist <input type="checkbox"/> 7 th Grade/Above Confirmation		
3.	_____	____/____/____	_____
	Sacraments yet to be received: <input type="checkbox"/> Baptism <input type="checkbox"/> Reconciliation <input type="checkbox"/> Eucharist <input type="checkbox"/> 7 th Grade/Above Confirmation		
4.	_____	____/____/____	_____
	Sacraments yet to be received: <input type="checkbox"/> Baptism <input type="checkbox"/> Reconciliation <input type="checkbox"/> Eucharist <input type="checkbox"/> 7 th Grade/Above Confirmation		

Please include a copy of your child's BAPTISMAL CERTIFICATE with this form.

TO SUBMIT YOUR FORM: Complete and mail this form to: **Sr. Jenny Aldeghi, FDCC, Director of Religious Education, Cathedral of the Blessed Sacrament, 1017 11th Street, Sacramento, CA 95814** or drop it off in the Cathedral rectory office.