

# Youth Catechetical Registration

## Parent / Guardian

	Last Name	First Name	Religion	Maiden Name
<b>Father</b>	_____	_____	_____	_____
<b>Mother</b>	_____	_____	_____	_____

The information listed below will be used to contact you:

email	1 _____	2 _____
phone	1 _____	2 _____
address	_____	

## Student(s)

**2018-19 School Year**

Grade	Last Name	First Name	School	Health Concerns
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

## Parent / Guardian Permissions

- PHOTO** I allow my student(s) pictures to appear in print.
- POLICIES** I have read the Youth Catechetical Programs document & will abide by the policies listed.
- EMERGENCY** I authorize the responsible person at St. Cecilia's Family Life Center to transport my child to the nearest hospital emergency room in emergencies requiring immediate medical attention.

_____	Parent / Guardian Signature	_____	Date
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## Fees

_____	<b>PSR Fee</b>	\$45 - 1 child    \$80 - 2 children    \$ 100 - 3 or more children
_____	<b>Sacramental Fee</b>	\$15 - Reconciliation    \$15 - Eucharist    \$15 - Confirmation
<input type="text"/>	<b>total due</b>	<b>Please make checks payable to: St. Cecilia Church</b>

*Scholarships are available for those in financial need.*

### for office use only:

\$ amt pd: \_\_\_\_\_    date pd: \_\_\_\_\_    init: \_\_\_\_\_    cash or check #: \_\_\_\_\_