For Office Use Only
Paid: $ _____
Check #: _____
Date: _____
Level _____

ST FRANCES CABRINI CHURCH
RELIGIOUS EDUCATION REGISTRATION
2025-2026

To be registered for our Parish Religious Education Program, you must:

-Be a registered parishioner of St. Frances Cabrini (submit a completed parish reg. form with this form if you are not, or, if you are a parishioner of another church, a letter of permission to join our St. Frances Cabrini Religious Education Program is required from your home parish.)

-Complete this registration as fully as possible. Put forms into the collection basket or drop at Rectory by July 15, 2025.

-Submit the appropriate registration fee:

- **Registration Fees: 1 child $125, 2 children $230, 3 or more children $325**
- **Additional Fees: sacramental year 2nd Grade $65, sacramental year 8th Grade $65 (to be paid before receiving the sacrament)**

-All new students must provide a copy of his/her **Baptismal certificate**.

-If your child attended classes in a different parish last year, then you will need a **"Transfer Letter"** from that parish.

1 FAMILY INFORMATION:

FAMILY (LAST) NAME:	Mailing Address:	City:	State: NJ	ZIP:

Family Email Address:	Home Phone:	Child / children reside with (please circle one) Both parents Father Mother

Street Address (if different from mailing address):

2 PARENT(S) or GUARDIAN(S)-INDIVIDUAL INFORMATION:

Relationship to Child(ren) (circle one) Father Stepfather Other _____
NAME (first & middle, last only if different from above-pls. underline if so):
Cell Phone Number
Religion:
Marital Status (circle one): Single Married Divorced Widowed
Sacraments (circle all that apply) Bapt. Penance Holy Communion Confirmation Matrimony RCIA
If currently married, Catholic marriage? YES_____ NO_____
If no, would you like your marriage blessed by the Church? YES____ NO____

Relationship to Child(ren) (circle one) Mother Stepmother Other _____
NAME (first & middle, last only if different from above-pls. underline if so):
Cell Phone Number:
Religion:
Marital Status (circle one): Single Married Divorced Widowed
Sacraments (circle all that apply) Bapt. Penance Holy Communion Confirmation Matrimony RCIA
If currently married, Catholic Marriage? YES_____ NO_____
If no, would you like your marriage blessed by the Church? YES____ NO____

3 EMERGENCY INFORMATION:

In case of emergency and we cannot reach the parent(s) or guardian(s), whom do we contact?

Name:	Relationship:
Address::	Phone(s):

Complete a separate box for each 1st grade through 8th grade child

STUDENT NAME (First & Last): Goes by: Male / Female Date of Birth:

Previous Religious Education attended (Church or School, Location, & Grades): School grade 2025-2026

State any special needs, allergies, or health problems for this child:

SACRAMENTS RECEIVED:

Baptism received? YES NO Date: _____Church, City, State_____
First Penance received YES NO Date: _____Church, City, State_____
First Communion received? YES NO Date: _____Church, City, State_____

Were you enrolled in our religious education program last year?

_____Yes _____ No

STUDENT NAME (First & Last): Goes by: Male / Female Date of Birth:

Previous Religious Education attended (Church or School, Location, & Grades): School grade 2025-2026

State any special needs, allergies, or health problems for this child:

SACRAMENTS RECEIVED:

Baptism received? YES NO Date: _____Church, City, State_____
First Penance received YES NO Date: _____Church, City, State_____
First Communion received? YES NO Date: _____Church, City, State_____

Were you enrolled in our religious education program last year?

_____ Yes _____ No

STUDENT NAME (First & Last): Goes by: Male / Female Date of Birth:

Previous Religious Education attended (Church or School, Location, & Grades): School grade 2025-2026

State any special needs, allergies, or health problems for this child:

SACRAMENTS RECEIVED:

Baptism received? YES NO Date: _____Church, City, State_____
First Penance received YES NO Date: _____Church, City, State_____
First Communion received? YES NO Date: _____Church, City, State_____

Were you enrolled in our religious education program last year?

_____ Yes _____ No

By registering my child(ren) in the Religious Education Program at St. Frances Cabrini Catholic Church, I understand:

1. That my child(ren) share the obligation of all Catholics to attend Mass on Sundays and Holy Days.
2. I have a sacred responsibility to participate in my child's / children's faith formation as primary educator.
3. That if my child is to receive any sacraments this year, I must attend the parent meetings as indicated on the Religious Education Program calendar.

_____ _____

Parent / Guardian Signature Date