

# Epiphany Cathedral Parish

## Faith Formation Registration

310 Sarasota Street, Venice, FL 34285

Term: 2020-2021

### FAMILY INFORMATION

**Family Last Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
Father's Name: \_\_\_\_\_ Father's Cell / Work: \_\_\_\_\_  
Mother's Name: \_\_\_\_\_ Mother's Cell / Work: \_\_\_\_\_  
Mother's Maiden: \_\_\_\_\_ Email Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ **Emergency Contact:** \_\_\_\_\_  
Home Address: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_  
City, ST Postal: \_\_\_\_\_ Both Parents Catholic? Yes / No

### STUDENT #1 INFORMATION

**Child Name:** \_\_\_\_\_ **Catholic?** Yes / No  
Gender:  Male  Female **Sacrament Details** Check & Date All Below  
Birth Date: \_\_\_\_\_  Baptism: \_\_\_\_\_  
Grade: \_\_\_\_\_  Eucharist: \_\_\_\_\_  
Session: \_\_\_\_\_  Reconciliation Prep: \_\_\_\_\_  
Class: \_\_\_\_\_  Confirmation: \_\_\_\_\_

**Special Needs** (Medical, Learning Disabilities, Physical Disabilities, etc):  
\_\_\_\_\_

### STUDENT #2 INFORMATION

**Child Name:** \_\_\_\_\_ **Catholic?** Yes / No  
Gender:  Male  Female **Sacrament Details** Check & Date All Below  
Birth Date: \_\_\_\_\_  Baptism: \_\_\_\_\_  
Grade: \_\_\_\_\_  Eucharist: \_\_\_\_\_  
Session: \_\_\_\_\_  Reconciliation Prep: \_\_\_\_\_  
Class: \_\_\_\_\_  Confirmation: \_\_\_\_\_

**Special Needs** (Medical, Learning Disabilities, Physical Disabilities, etc):  
\_\_\_\_\_

NOTE: If any of your children were baptized outside of this parish, and you have not already supplied us with a copy of each child's baptismal record, you will need to supply a copy for our files.

**Tuition DUE:** \$ \_\_\_\_\_ **Tuition PAID:** \$ \_\_\_\_\_ **Signature:** \_\_\_\_\_

# Epiphany Cathedral Parish

## Faith Formation Registration

310 Sarasota Street, Venice, FL 34285

Term: 2020-2021

### Additional Students

#### STUDENT #3 INFORMATION

Child Name: \_\_\_\_\_

Catholic? Yes / No

Gender:  Male  Female

**Sacrament Details** Check & Date All Below

Birth Date: \_\_\_\_\_

Baptism: \_\_\_\_\_

Grade: \_\_\_\_\_

Eucharist: \_\_\_\_\_

Session: \_\_\_\_\_

Reconciliation Prep: \_\_\_\_\_

Class: \_\_\_\_\_

Confirmation: \_\_\_\_\_

Special Needs (Medical, Learning Disabilities, Physical Disabilities, etc):  
\_\_\_\_\_

#### STUDENT #4 INFORMATION

Child Name: \_\_\_\_\_

Catholic? Yes / No

Gender:  Male  Female

**Sacrament Details** Check & Date All Below

Birth Date: \_\_\_\_\_

Baptism: \_\_\_\_\_

Grade: \_\_\_\_\_

Eucharist: \_\_\_\_\_

Session: \_\_\_\_\_

Reconciliation Prep: \_\_\_\_\_

Class: \_\_\_\_\_

Confirmation: \_\_\_\_\_

Special Needs (Medical, Learning Disabilities, Physical Disabilities, etc):  
\_\_\_\_\_

#### STUDENT #5 INFORMATION

Child Name: \_\_\_\_\_

Catholic? Yes / No

Gender:  Male  Female

**Sacrament Details** Check & Date All Below

Birth Date: \_\_\_\_\_

Baptism: \_\_\_\_\_

Grade: \_\_\_\_\_

Eucharist: \_\_\_\_\_

Session: \_\_\_\_\_

Reconciliation Prep: \_\_\_\_\_

Class: \_\_\_\_\_

Confirmation: \_\_\_\_\_

Special Needs (Medical, Learning Disabilities, Physical Disabilities, etc):  
\_\_\_\_\_

NOTE: If any of your children were baptized outside of this parish, and you have not already supplied us with a copy of each child's baptismal record, you will need to supply a copy for our files.

Tuition DUE: \$ \_\_\_\_\_ Tuition PAID: \$ \_\_\_\_\_ Signature: \_\_\_\_\_