

Capital Area Religious Education Registration 2020-2021

A Partnership of Cathedral Parish of Saint Patrick & Our Lady of the Blessed Sacrament Parish

Please include information for all children entering grades 1-12. If your child was baptized somewhere other than the Cathedral of St. Patrick and will be receiving First Holy Communion (2nd) or Confirmation (8th), **please attach a copy of his/her baptismal certificate.**

Registration can be dropped off at either parish office, placed in the collection basket at Mass or mailed to Capital Area Religious Education/ Cathedral Parish of St. Patrick / Attn. Marianne Weltmer / 212 State Street / Harrisburg PA 17101.

Parish Registered At: _____

Primary Email Address(es): _____

Primary Phone Number: _____

Family Last Name: _____

Street Address or P.O. Box Number: _____

City: _____ State: _____ Zip Code: _____ Home Phone: _____

Father's First & Last Name: _____

Father's work phone: _____ Father's cell phone: _____

Father's Email Address: _____ Father's Religious Affiliation _____

Mother's First, Maiden, and Last Name: _____

Mother's work phone: _____ Mother's cell phone _____

Mother's Email Address: _____ Mother's Religious Affiliation _____

Child Information: (Please list all children, grades 1-12)

Name of Child _____ Date of Birth: _____

Location of Baptism: _____

Grade 2020-21: _____ School Attending: _____

Name of Child _____ Date of Birth: _____

Location of Baptism: _____

Grade 2020-21: _____ School Attending: _____

Name of Child _____ Date of Birth: _____

Location of Baptism: _____

Grade 2020-21: _____ School Attending: _____

Name of Child _____ Date of Birth: _____

Location of Baptism: _____

Grade 2020-21: _____ School Attending: _____

Emergency Contact Information if Parents Cannot Be Reached

Name: _____ Phone: _____ Relationship _____

Sacramental Preparation for 2020-2021: Please list child(ren)s name(s) if they will be entering 2nd or 8th grade(s):

First Penance & First Holy Communion: _____

Confirmation: _____

Special Circumstances

Are there any child custody issues? If yes, please provide pertinent info & documentation.

Are there any medical concerns such as medications being taken; food, insect, or medication allergies; ADD/ADHD; autism; hearing, speech, or language challenges; or other physical or psychological conditions we should be aware of? Please list child's name first and then information, and attach extra paper if needed.

Does your family have access to Zoom or other online communication platforms? Yes _____ No _____

Do you grant your child permission to communicate via Zoom or other online platforms for lessons? Yes _____ No _____

Does your family have the capability to print documents at home? Yes _____ No _____

TUITION INFORMATION (Due to the COVID-19 pandemic, all tuition and retreat fees are waived for 2020-2021)

Registration Fee Grades 1-12: \$0

Per Student Retreat Fee (Grades 2 & 8): \$0

Parent/Guardian Electronic Signature: _____

Date: _____

**Classes begin the week of September 13, 2020*