

**Cathedral of St. John the Baptist School of Christian Formation
Registration Form 2022-23
Grades 9-12**

Please PRINT legibly

Family Name _____ Date _____

Registered at the Cathedral Envelope # _____

Mailing address _____

(Street) (City) (Zip)

Family e-mail _____

Father's name Dr./Mr. _____ Religion _____

Contact phone # _____

Mother's name Dr./Mrs./Ms. _____ Religion _____

Contact phone # _____

Sacraments Received (*please check*)

	Child's Full Name and Nickname	Grade	Bapt.	Recon.	1 st Com.	Conf.
1						
2						
3						
4						
5						

Allergies or special problems of which we should be aware: (Please list child's name and grade)

FEES: \$35/child

#children _____ **TOTAL COST** _____

**make checks payable to: Cathedral of St. John the Baptist*