



# SAINTS PETER AND PAUL CATHEDRAL

2322 Kronprindsens Gade ~ St. Thomas, V.I. 00802

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## RELIGIOUS EDUCATION REGISTRATION FORM (1)

Date (mm/dd/yy) / /

Student Last Name		Student First Name		M. I.	M / F
Address		Zip Code		Home Phone	
Student's Email Address (Optional)			Person in charge's Email Address		
Date of Birth (mm/dd/yy)	Age	School		Grade 2019-2020	
Father's Last Name		Father's First Name		Father's Cellular	
Mother's Last Name (Maiden included)		Mother's First Name		Mother's Cellular	
Mother's Email Address			Father's Email Address		
Person in Charge's Last Name <i>if other than parents</i>		Person in Charge's First Name		Person in Charge's Cellular	
Does your child have any special need that we should know about?				YES	NO
If "Yes", please explain:					

### HAS THE CHILD RECEIVED THE FOLLOWING SACRAMENTS?

BAPTISM	NO	YES (2)	DATE (mm/dd/yy)	CHURCH	CITY/STATE
RECONCILIATION (Confession)	NO	YES	DATE (mm/dd/yy)	CHURCH	CITY/STATE
EUCCHARIST (First Communion)	NO	YES (2)	DATE (mm/dd/yy)	CHURCH	CITY/STATE
CONFIRMATION	NO	YES (2)	DATE (mm/dd/yy)	CHURCH	CITY/STATE

Is the student's family (or person in charge) registered at Saints Peter and Paul?	Yes	If yes, Env#	Head of Family:		
	No		Relation to the Child:		
Check #	or Online Payment Transaction #			\$	Date:
Signature:	Name:			Date:	

1) Please fill out and sign this form. Then mail it to the Saints Peter and Paul Cathedral ♦P.O.Box 1767♦ St.Thomas VI 00803  
Or email the document to: cathedralvi@gmail.com

2) Please e-mail copies of the certificate for the Sacraments your child has received.

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