

**CATHEDRAL and SAINT CASIMIR  
REGISTRATION  
Faith Formation Grades 1 - 9**

**FAMILY INFORMATION:**

Date \_\_\_\_\_

Family Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

Father/Guardian \_\_\_\_\_

Mother/Guardian \_\_\_\_\_

Child/Children Resides With: ( ) Both Parents ( ) Father ( ) Mother ( ) Other \_\_\_\_\_

Contact information: email \_\_\_\_\_ Phone \_\_\_\_\_

We are members at \_\_\_\_\_ Cathedral \_\_\_\_\_ St. Casimir \_\_\_\_\_ Other \_\_\_\_\_

**CHILD INFORMATION #1:**

Child's Name \_\_\_\_\_ Grade \_\_\_\_\_

Sacraments Completed: Baptism \_\_\_\_\_ Reconciliation \_\_\_\_\_ Eucharist \_\_\_\_\_

Allergies: \_\_\_\_\_

**CHILD INFORMATION #2:**

Child's Name \_\_\_\_\_ Grade \_\_\_\_\_

Sacraments Completed: Baptism \_\_\_\_\_ Reconciliation \_\_\_\_\_ Eucharist \_\_\_\_\_

Allergies: \_\_\_\_\_

**CHILD INFORMATION #3:**

Child's Name \_\_\_\_\_ Grade \_\_\_\_\_

Sacraments Completed: Baptism \_\_\_\_\_ Reconciliation \_\_\_\_\_ Eucharist \_\_\_\_\_

Allergies: \_\_\_\_\_

**CHILD INFORMATION #4:**

Child's Name \_\_\_\_\_ Grade \_\_\_\_\_

Sacraments Completed: Baptism \_\_\_\_\_ Reconciliation \_\_\_\_\_ Eucharist \_\_\_\_\_

Allergies: \_\_\_\_\_

**PAYMENT INFORMATION:**

The fee is **\$15 per child**, not to exceed a maximum of **\$40** per family. Arrangements may be made for families who need financial assistance – please, contact us. *No child will be denied instruction for financial reasons.* Please make checks payable to Cathedral of the Sacred Heart.

Return this form and payment to:  
Cathedral of the Sacred Heart  
Attn: Mariann Miller  
360 Main Street  
Winona, MN 55987

Office Use Only
Check #/Cash _____
Amount _____
Date _____