

**SACRED HEART CATHEDRAL  
2025-2026  
CONFIRMATION PROGRAM REGISTRATION  
For 8<sup>th</sup>, 9<sup>th</sup> AND 10<sup>th</sup> Grade Students**

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**CLASSES BEGIN---SEPTEMBER 24, 2025**

Students will meet on Wednesday evenings from 6:00pm-7:15pm in the Hall of Bishops at the Church

**PARENT/GUARDIAN INFORMATION**

Parent/Guardian Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Emergency Number: \_\_\_\_\_

Are you a Registered Parishioner at Sacred Heart Cathedral? \_\_\_\_ YES \_\_\_\_ NO

Was your child in Religious Education Classes last year? \_\_\_\_ YES \_\_\_\_ NO

If you answered yes, where did they attend? \_\_\_\_\_

**STUDENT INFORMATION (ALL INFORMATION MUST BE FILLED IN)**

Child #1

Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Grade in School in 2025/26 \_\_\_\_\_

Year of Baptism \_\_\_\_\_ Place of Baptism \_\_\_\_\_ Year of First Communion \_\_\_\_\_

Child #2

Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Grade in School in 2025/26 \_\_\_\_\_

Year of Baptism \_\_\_\_\_ Place of Baptism \_\_\_\_\_ Year of First Communion \_\_\_\_\_

Child #3

Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Grade in School in 2025/26 \_\_\_\_\_

Year of Baptism \_\_\_\_\_ Place of Baptism \_\_\_\_\_ Year of First Communion \_\_\_\_\_

**IF YOUR CHILD WAS NOT BAPTIZED AT SACRED HEART CATHEDRAL AND IS MAKING THEIR CONFIRMATION THIS YEAR, A COPY OF THEIR BAPTISMAL CERTIFICATE MUST BE ON FILE PRIOR TO November 1st, 2025.**

**LAST DAY TO REGISTER FOR CLASSES FOR THE 2025/2026 SCHOOL YEAR IS OCTOBER 3<sup>RD</sup>.**

<b>Registration Fees Grades-8-9-10</b> <b>Payment is expected at time of Registration</b> 1 child \$35.00 _____ 2 children \$65.00 _____ 3 or more children \$90.00 _____ <b>TOTAL: \$ _____</b>
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<b>For Office Use Only</b> Date Paid: _____ Amt. Paid: _____ Check #: _____ Cash paym't _____ Received by: _____
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