

**THE CATHEDRAL OF THE INCARNATION**  
**Church School Registration**  
**2015- 2016**

*(Please Print)*

Student's Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Email (for class updates/reminders) : \_\_\_\_\_

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

Present School Grade: \_\_\_\_\_ School Name: \_\_\_\_\_

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

**Special Accommodations Needed:** \_\_\_\_\_

Date of Baptism: \_\_\_\_\_ Location: \_\_\_\_\_

Does your child presently receive the Holy Eucharist? Yes / No

Has your child received formal Holy Eucharist preparation? Yes / No

Date: \_\_\_\_\_ Where: \_\_\_\_\_

Siblings:

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent(s)/Guardian(s):

Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Do you receive regular mailings from the Cathedral? Yes / No

**Office Use Only: Date Received** \_\_\_\_\_ **Entered in Data Base:** \_\_\_\_\_ **Assigned Class:** \_\_\_\_\_