

*The Cathedral Of Saints Peter And Paul*  
30 Fenner St. Providence, RI 02903. (401) 331-2434



**Children Program**  
**Registration Form**  
**2019-2020**

Student's name: \_\_\_\_\_ MI: \_\_\_\_\_ Last name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Grade: \_\_\_\_\_

Parish/ Date of Baptism: \_\_\_\_\_

Mailing address: \_\_\_\_\_

City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Student resides with: \_\_\_\_\_ both parents/ \_\_\_\_\_ Mother/ \_\_\_\_\_ Father

Mother's first name: \_\_\_\_\_ MI: \_\_\_\_\_

Last name: \_\_\_\_\_ Maiden name: \_\_\_\_\_

Cell# \_\_\_\_\_

e-mail address: \_\_\_\_\_

Father's first name: \_\_\_\_\_ MI: \_\_\_\_\_

Last name: \_\_\_\_\_ Cell #: \_\_\_\_\_

Are you parishioners of the Cathedral: \_\_\_\_\_ YES \_\_\_\_\_ NO

If not what Parish are you registered?: \_\_\_\_\_

Does the student have any allergies (food, environment, medicine, etc.)?

If so, explain:

\_\_\_\_\_

In case of emergency please indicate the person we should contact:

Full Name : \_\_\_\_\_

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

**\*IMPORTANT: Please attach a copy of the Baptismal certificate.**

***If any question please contact the Cathedral Office at: (401) 331-24-34 or e-mail at:***  
**[religious\\_education@providencecathedral.org](mailto:religious_education@providencecathedral.org)**

***\*Please complete this form and mail it to 30 Fenner St. Providence RI, 02903.***

***Cathedral Religious Education. Attention: Sister Elizabeth Castro, HMSP***

***\*CLASSES BEGIN ON SATURDAY, SEPTEMBER 28<sup>th</sup>, 2019 from 10 a.m. to 11:15 a.m.***