

St. Catherine of Siena Parish
Religious Education Registration Form

Please complete this form for each child and return it with the \$150.00 registration fee per family. (Note: No child will be denied religious instruction due to financial issues.)

Child's Name: _____ M F
Last Name First Name

Mailing Address: _____ Town: _____

Township: _____ Zip: _____

Telephone (Home): _____ E-Mail: _____

School: _____ Grade: _____

Mother's First & Maiden Name: _____ Religion: _____

Mother's Cell No: _____ Work No: _____

Father's First Name: _____ Religion: _____

Father's Cell No: _____ Work No: _____

Sacramental History: Please attach copies of Baptismal and Sacramental Certificates

Baptism: _____
Date Church Address

First Penance: _____
Date Church Address

First Communion: _____
Date Church Address

Confirmation: Date: _____
Date Church Address

Previous Religious Education Church: _____ Address: _____
(Please provide proof of attendance for all previous years)

Current Religious Education Grade: _____

My child's name, address, and telephone number can be included on a class list: Yes No

*Does your child have any special needs or receives services in their regular school that we should know about? _____

*Any information noted will help us provide the best faith learning environment for your child.

Parent/Guardian Signature: _____ Date: _____

Office Use Only: Baptismal Certificate: _____
Paid: _____ Ltr from Prev RE: _____
Program: Monthly Weekly Emergency Form: _____