



**Saint Catherine of Siena Catholic Church
2018-2019 Faith Formation Registration**

**Grades K – 8 and Post Confirmation
Please Print**

Family Last Name _____
Other family names used _____
 Address _____
 City _____ Zip _____

Father's Name _____ Religion _____
 Cell phone _____ e-mail _____
Mother's Name _____ Religion _____
 Cell phone _____ e-mail _____
Emergency Contact _____ relationship _____
 Phone _____

Registered Member of St. Catherine of Siena - Yes or No

<u>Child's Name</u> (Include last name if different)	<u>Date of Birth</u> month/day/year	<u>Grade</u> 2018-2019	<u>Session</u> S-M-W	<u>Gender</u>		<u>Catholic Sacraments received</u>			<u>Learning difficulties/IEP</u> <u>Allergies or medical conditions</u>
						Baptism	1 st Reconciliation	1 st Communion	
				M	F	Y or N	Y or N	Y or N	
				M	F	Y or N	Y or N	Y or N	
				M	F	Y or N	Y or N	Y or N	
				M	F	Y or N	Y or N	Y or N	

Permission for Photos

Occasionally we take photos for use in parish communications and on the website. Names are never used. Please check here if you do not want your child's photo to appear in these media outlets.
 _____ No Photos

Emergency Permission

I give permission for my child, in case of emergency, to be taken to a physician or hospital by emergency personnel. I understand every effort will be made to contact me. If I cannot be reached, I hereby give permission to the emergency physician to hospitalize and secure proper treatment for my son/daughter.
 Signature _____

Parental Agreement: As faithful and committed members of St. Catherine of Siena Catholic Church, we recognize our obligation as the primary teacher of the Catholic faith to our child(ren). In acknowledgement of this important responsibility, we commit to assuring that our child(ren) regularly attend Sunday Mass and participate in the Sacramental celebrations of the Church. We also agree to be supportive of St. Catherine's Faith Formation program and see that our child maintains consistent and regular attendance at classes throughout the entire school year.

Signature of Parent(s) or Guardian: _____ Date: _____

For Office Use Only: Date _____
 Amt Pd _____ CA/CK#/CC-last 4 digits _____

Codes: _____
 Pmt Plan _____

Faith Formation at all grade levels need the support of parents. Please consider volunteering. We will only schedule your volunteer service at the same time as your child(ren) attends Faith Formation. **As an added bonus, if you volunteer weekly, your total fees will be reduced by \$30.**

Check	Volunteer Position	Volunteer Name	Description
	Catechist/Co Catechist Circle grade preference: K 1 2 3 4 5 6 7 8		Using Curriculum & resources provided to teach a class
	Assistant Catechist Circle grade preference: K 1 2 3 4 5 6 7 8		Assist a catechist in teaching and managing a class. Duties will depend on the Catechist with whom you are paired
	Elementary Office Helper Limited need. Contact Office		Assist the staff and volunteers every week during class time doing clerical jobs or assist with classroom materials
	Substitute/Assistant Teacher		Fill in to teach as needed for absent volunteers during your child's assigned class time

Grades K - 5

Sunday 9:10 - 10:30 am
 Monday 6:00 - 7:15 pm
 Wednesday 5:00 - 6:30 pm

Grades 6 - 8

Sunday 4:00 - 5:15 pm
 Wednesday 5:00 - 6:30 pm

Post Confirmation

Sunday 6:45 - 8:15 pm

Early Bird Fees until July 15, 2018

\$65 for First Child
 \$30 for each additional child per family
 Post Confirmation - \$30 per child

Fees after July 15, 2018

\$80 for First Child
 \$35 for each additional child per family
 Post Confirmation - \$35 per child

Home school Option - \$50 per child

Sacrament Preparation Fee 2nd yr. only - \$30

Payment Must Accompany Registrations.

Please do not let financial hardship keep you from registering for classes. Please register and then contact Sue Gammon for a payment plan.