



Saint Catherine of Siena Catholic Church
2017-2018 Faith Formation Registration

Grades K – 8, Post Confirmation
Please Print

Family Last Name _____
Address _____
City _____ **Zip** _____
Home Phone _____
Primary e-mail _____

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

<u>Child's Name</u> <small>(Include last name if different)</small>	<u>Date of Birth</u> <small>month/day/year</small>	<u>Grade</u> <small>As of Aug 2017</small>	<u>Session</u> <small>S-M-W</small>	<u>Gender</u>	<u>Baptism</u>	<u>1st Reconciliation</u>	<u>1st Communion</u>	<u>Learning difficulties/IEP</u> <u>Allergies or medical conditions</u>
				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	

Do you give permission for your child(ren)'s picture to be taken while participating in Faith Formation activities and for such pictures to be used in parish promotional materials, parish bulletin and/or on the parish website? YES NO **(please circle one)**

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 _____
