



**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 <sup>st</sup> Reconciliation	1 <sup>st</sup> 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.