

**St. Catherine of Siena Parish
Religious Education Program**

3460 Tennessee St.
(707) 647-4445

Registration Form for the 2009-2010 School Year

(Please print clearly and fill in both sides of form)

*(Attach a copy of your student's **Birth Certificate** and **Baptismal Certificate** for us to keep if it is not already on file and a **registration fee** of \$80.00 for one child, \$140.00 for two children or \$200.00 for three or more children.)*

Please note: Registrations turned in after Aug. 31, 2009 must add a \$30.00 late fee.

Two consecutive years attendance is required for Sacrament preparation.

Classes for grades 1 – 5 are held on Mondays from 4:00pm – 5:15pm.

Classes for grades 6 – 8 are held on Mondays from 7:00pm – 8:15pm.

Confirmation classes for grade 9 are held on Mondays from 7pm to 8:30pm.

(Classes run from September 2009 through June 2010.)

Student's Last Name

Student's First Name

Name Student Prefers

Student's Grade in 9/09

School Attending in September 2009

Age in 9/09

Date of Birth

Place of Birth

Male/Female
(circle one)

Home Address _____

City _____ State _____ Zip Code _____

Mother's Daytime Phone #

Father's Daytime Phone #

Home / Evening Phone #

Parent email address: _____

Mother's First and Last Name

Mother's Maiden Name

Mother's Religion

Father's First and Last Name

Father's Religion

- > If your child has any special learning needs, please note: _____
- > If your child has any allergies or medical concerns, please note: _____
- > In case of **emergency** during the time when your child will be in class, whom should we contact?

Name _____ Phone Numbers _____

- > Who does this child reside with? _____
 - () Two parents at home
 - () Parents Separated/Divorced
 - () Father Deceased
 - () Mother Deceased
 - () Foster Home
 - () Other _____

> Additional Information: _____

Religious Education History

> Number of years in St. Catherine's Religious Education Program (or Parish School): _____

> List all other siblings you are enrolling in St. Catherine's Religious Education Program:

Name _____ Grade _____ Name _____ Grade _____

Name _____ Grade _____ Name _____ Grade _____

> Are you registered members of our parish? yes / no How long? _____

Sacramental Information

> Please complete the information for all sacraments that this child has **already** received:

- **Baptism:** (A copy of the Baptismal Certificate must be on file.)

_____ Date of Baptism _____ Name of Church _____

_____ Church City _____ State _____ Denomination (Catholic,) _____

- **First Holy Communion:**

_____ Year Received _____ Name of Church _____

_____ Church City _____ State _____

- **First Reconciliation (Penance/Confession):**

_____ Year Received _____ Name of Church _____

_____ Church City _____ State _____

- **Confirmation:**

_____ Year Received _____ Name of Church _____

_____ Church City _____ State _____

- Parent Responsibilities:**
1. Register as members of St. Catherine's Parish
 2. Contribute to the financial support of the Parish
 3. Attend Mass regularly at St. Catherine's
 4. Attend meetings for Parents
 5. Drop off and pick up students on time!

Parent Signature _____ Date _____