

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

3460 Tennessee St.
(707) 647-4445

Registration Form for the 2010-2011 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, 2010 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 2010 through June 2011.)

Student's Last Name Student's First Name Name Student Prefers

Student's Grade in 9/10 School Attending in September 2010

Age in 9/10 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? () Mother and Father
 () Mother only () Mother and Step-Father () Mother Deceased
 () Father only () Father and Step-Mother () Father Deceased () Other _____

> Language spoken at home _____

> 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 _____