

St. Catherine of Siena Parish

Religious Education Registration Form

Please complete **one form** for each child and return it with the
\$150.00 registration fee per family.

Please include \$50 late fee if submitted after June 15 (unless new to Parish/RE)

(No child will be denied religious instruction due to financial concerns. Please contact us privately with concerns)

Child's Name: _____ M F (circle)
Last Name First Name

Mailing Address: _____

Town: _____ Zip: _____

Telephone (Home) _____ E-Mail: _____

Additional email: _____

School: _____ Grade (2015/16): _____

Mother's First Name (& last if different than child) _____

Religion: _____

Mother's Cell No: _____ Work No: _____

Father's First Name: _____ Religion: _____

Father's Cell No: _____ Work No: _____

****Sacramental History: Please attach copies of Baptismal and Sacramental Certificates****

Previous Church: _____

Address: _____
(Please provide proof of attendance at RE program for all previous years)

My child's name, address, and telephone number can be included on a class list: Yes No

*Does your child have any special needs or receive services in their regular school that we should know about?

*Any information noted will help us provide the best faith learning environment for your child and will be kept in confidence on a need to know basis with the student's catechist only. Please use back if needed

Parent/Guardian Signature: _____ Date: _____

Office Use Only: **ED042015 Baptismal Certificate: _____

Paid: _____

Forms should be returned to the Religious Education office or mailed to
St. Catherine of Siena RCC, P.O. Box 245, Pittstown, NJ 08867 attn: Judy La Tournous