



**ST. CATHERINE OF SIENA**  
A ROMAN CATHOLIC PARISH of PRAYER AND FRIENDSHIP

2024 - 2025  
Faith Formation  
Registration Forms

Please complete **one form** for each child and return it with the  
*Registration fee - \$150.00 per family per year*  
(No child will be denied religious instruction due to financial concerns. Please contact us privately with concerns)

Student's Last Name	First Name	Middle Initial
Date of Birth - Month /Day/Year		Place of Birth
		Male / Female (circle)

Mailing Address	City	zip code
-----------------	------	----------

Home Phone #	Emergency Phone #
--------------	-------------------

School Attending	Entering Grade in September
------------------	-----------------------------

Mother's Last Name	Maiden Name	First Name	Religion	Deceased
--------------------	-------------	------------	----------	----------

Mother's Cell #	Work #	E-Mail Address
-----------------	--------	----------------

Father's Last Name	First Name	Religion	Deceased
--------------------	------------	----------	----------

Father's Cell #	Work #	E-Mail Address
-----------------	--------	----------------

**If living with other than above:**

Guardian's Last Name	First Name	Relationship	Religion
----------------------	------------	--------------	----------

Guardian's Cell #	Work #	E-Mail Address
-------------------	--------	----------------

\*Does your child have any special needs or receive special 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.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Forms should be returned to the Religious Education office or mailed to:**  
**St. Catherine of Siena Church, P.O. Box 245, Pittstown, NJ 08867**  
**Attn: Sandra Kopka**

**IF GIVEN AFTER June 15, 2024 A \$50 LATE FEE MUST BE INCLUDED**

<b>OFFICE USE ONLY:</b>
Paid _____
Check # _____



ST. CATHERINE OF SIENA  
A ROMAN CATHOLIC PARISH of PRAYER AND FRIENDSHIP

2024 - 2025  
Faith Formation  
Registration Forms

Taken from the Parish Catechetical Leader's Policy and Handbook - Diocese of Metuchen

## PHOTO RELEASE FORM

I hereby grant to the St. Catherine of Siena Church and assigns, the irrevocable and unrestricted right to use, reproduce and publish photograph(s) or video(s) of me, including my/my child's image and likeness for diocesan, parish or school publications, advertising, or website(s), or any other purpose and in any manner and medium; to alter the same without restriction; and to copyright the same.

I hereby release the Diocese of Metuchen, St. Catherine of Siena and its trustees, officers, employees, agents, legal representatives and assigns from any all claims, actions and liability of whatever nature and relating to the use of said photograph(s) and/or video(s).

\_\_\_\_\_  
Name of Person in photo/video (print)

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
**If under 18 years old** Signature of parent/guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Parent/Guardian (Print)

\_\_\_\_\_  
Phone#

\_\_\_\_\_  
Cell #

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
Zip Code

Taken from the Parish Catechetical Leader's Policy and Handbook - Diocese of Metuchen



ST. CATHERINE OF SIENA  
A ROMAN CATHOLIC PARISH of PRAYER AND FRIENDSHIP

2024 - 2025  
Faith Formation  
Registration Forms

**FAMILY NAME:** \_\_\_\_\_

**Emergency Contact and Dismissal Form**

**A new emergency contact form MUST be submitted each year, one per family.**

\_\_\_\_\_  
Parent(s) Name Home Phone Number

In the event of a last minute cancellation or medical emergency, please provide us two phone numbers we should use to contact you:

1. \_\_\_\_\_  
Name Phone Number

2. \_\_\_\_\_  
Name Phone Number

Children Names Grades

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

**Emergency Contacts:** (Please provide 2 contacts besides yourself who will be available during the Religious Education Session time.)

\_\_\_\_\_  
Name Phone Number

\_\_\_\_\_  
Name Phone Number

**The above children may be released to the following people at dismissal:** \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature Date