



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

2025-2026
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
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Home Phone #	Emergency Phone	School Attending
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Entering Grade in September	<i>*Church of Child's Baptism & City/Town, State*</i>
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Mother's Last Name	Maiden Name	First Name	Religion	Deceased
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Mother's Cell #	Work #	E-Mail Address
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Father's Last Name	First Name	Religion	Deceased
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Father's Cell #	Work #	E-Mail Address
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If living with other than above:

Guardian's Last Name	First Name	Relationship	Religion
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Guardian's Cell #	Work #	E-Mail Address
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*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 30, 2025 A \$50 LATE FEE MUST BE INCLUDED

OFFICE USE ONLY:
Paid _____
Check # _____



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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

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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