Special Notes: _____
_____
_____

ST. CATHERINE OF SIENA
RELIGIOUS EDUCATION FORM
2022-2023

Birth Certificate: Yes____ No ____
Baptismal Certificate: Yes ___ No___
Holy Communion: Yes ____ No ____

STUDENT WILL NOT BE ENROLLED WITHOUT THE APPROPRIATE CERTIFICATE(S)

Student's Name: _____
First Middle Last

Student's Birth Date: _____ Grade student will be in September _____
Month – Date – Year

Father's Name: _____
First Middle Last Mobile Telephone #

Mother's **MAIDEN** Name: _____
First Middle Last Mobile Telephone #

Address: _____
Street City Zip Code Home Phone #

Emergency Contact: _____
Name (First & Last) Relationship Telephone #

E-mail address: Mother's: _____ Father's: _____

Baptized: YES ____ NO ____ Date of Baptism:_____ Place of Baptism: _____
Church/City/State/Country

Holy Communion: YES ____ NO____ Date _____ Place of Communion: _____
Church/City/State/Country

Languages spoken at home: _____

Is this this child's first year in any religious education program?: YES _____ NO _____

If No, which other program and where: _____

Please fill out this Registration Form and return it with your payment to:

The Church of St. Catherine of Siena
Religious Education Office
19 King Street, Hillside, NJ 07205

Fee: $70 for Parishioner / Non Parishioner

Amount Paid: $_____ Payment Method: Cash _____/Check #: _____ Receipt #: _____

Payment Date: _____ Received by: _____