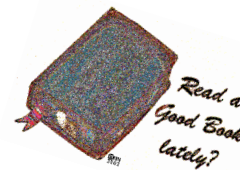




St. Catherine of Genoa

Religious Education Registration

2016-2017



Family Last Name: _____

Father: _____ Religion: _____

Mother: _____ Religion: _____

Address: _____ City: _____ Zip: _____

**Phone Number(s)/Text: _____

**Email Address _____

****Please provide a current e-mail address & current cell phone!****

****Most communication will be via e-mail/Text Messages! Thank you!****

Child's Name:	Date of Birth:	Entering Grade:	Baptism: (Year, Church, City, State)	Received 1 st Holy Communion?: Yes/No

* Are you registered members of St. Catherine of Genoa? Yes No

* Does your child have any food allergies or restrictions? Yes No



If Yes, Please Describe: _____



***Emergency Contact:**

*Name: _____ *Phone Number(s): _____

* I grant permission for my child's picture/video &/or name to be used in informational news coverage and educational purposes.*

* I agree to follow the procedures and policies in the St. Catherine of Genoa Religious Education Parent Handbook.*

Signed Date

For Office Use Only:

\$ 90.00/child or \$ 225.00/family \$ 30.00 Sacrament Retreat Fee: 8 th Gr & 2 nd Gr Students	Amount	Check #	Cash
Paid	\$	#	\$

St. Catherine of Genoa



Religious Education