

St Catharine of Siena Church
Religious Education 2017-2018 Registration
50 E Street, Seaside Park, NJ 08752
(732.793.0041) www.stcatharinesiena.com

Date Rec'd _____
 Bapt. Cert. Rec'd _____
 Transfer Rec'd _____
 Session: _____

STUDENT RECORD

Last Name: _____ First Name: _____ **M F** (circle one)

Address: _____

Birth Date: _____ School (Sept. 2017) _____ School Grade (Sept. 2017) _____

RELIGIOUS EDUCATION INFO

Has your child missed any Religious Education Grades?
 Yes No

If yes, which grades? _____

Religious Education Grade (Fall 2017) _____

Session Preference:

Wed. 4:30 - 5:45pm Grade _____

Wed. 6:15 - 7:30pm Grade _____

Wed. Confirmation Class 6-7:30pm

SACRAMENTAL RECORD

Baptized Catholic? Yes No

Baptized in another denomination? Yes No

New Registration: If your child was baptized outside this parish, you must attach a copy of their baptismal certificate along with 1st Penance and 1st Holy Communion certificates for those that have received those Sacraments.

Does your child have any of the following? (if yes, please explain):

- a. Learning Differences?
 Yes No _____
- b. Special Needs?
 Yes No _____
- c. Allergies?
 Yes No _____

May this information be shared with the teacher? Yes No

FAMILY RECORD

Parent #1:

Last Name: _____

First Name: _____

Cell Phone: _____

Religion: _____

Parent #2:

Last Name: _____

First Name: _____

Cell Phone: _____

Religion: _____

FAMILY EMAIL: _____
(Important! This is our primary source of communication)

EMERGENCY RECORD

1. Emergency Contact: _____ Relationship: _____ Phone: _____
2. Emergency Contact: _____ Relationship: _____ Phone: _____

Are there any custodial issues we should be aware of? Yes No

If yes, please explain _____

VOLUNTEER INFORMATION

Please check any skills or talents that you are willing to share:

- Religious Education teacher
- Teacher's assistant
- Substitute teacher
- Substitute assistant
- Door monitor
- Attendance officer

ALL VOLUNTEERS WHO COME IN CONTACT WITH CHILDREN MUST BE FINGERPRINTED AND ATTEND A VIRTUS AWARENESS SESSION.

Phone Number _____

Registration Fees:

Regular Fee 2 or more children:
\$125.00 per family

Regular Fee 1 child: \$100.00

Active Parishioner Fee: \$75.00

All registrations are due in the Parish Office no later than April 7th.

**Make checks payable to:
St. Catharine's Church**

Office Use ONLY

Total Amount Due _____

Cash _____ Amount _____

Ck # _____ Amount _____

Date _____ Balance _____

Release: Please check one box and sign below.

- I consent to the use of any videotapes and/or photographs in which my child may appear by the Diocese of Trenton and/or the Parish. I understand that these materials are **only** being used for promotion of the parish Religious Education program and/or activities.
- I DO NOT consent to the use of videotapes and or photographs in which my child may appear by the Diocese of Trenton and/or the Parish.

Parent/Legal Guardian Signature: _____ **Date:** _____

I certify that all information provided above is true and complete to the best of my knowledge. I also understand that by signing below, I am making a commitment to the Religious Education program at St. Catharine of Siena Church wherein regular attendance at Mass and classes are expected.

Parent/Legal Guardian Signature: _____ **Date:** _____