

ST. Catharine CCD Registration
New Students: Grades 1 – 8
 Year 2012-2013

Grades 1-8 Fee:	
1 Child: \$125.00	2 Children: \$250.00
3 or more: \$340.00	Mon/Tue Teachers (only): \$50.00

Please print clearly & enter all information

Family Last Name:	Home Number:	E-mail Address (for reminders & class cancellations):
Street Address:	City / State / Zip:	St. Catharine Envelope #:

Father's Information:		Mother's Information:	
Name:		Name:	
Religion:		Maiden Name:	
Mobile #:		Religion:	
Occupation:		Mobile #:	
Work #:		Occupation:	
		Work #:	

In Case of Emergency Contact:			
Name:	Relation:	Phone #:	Mobile #:
Name:	Relation:	Phone #:	Mobile #:

1. Student Baptismal Name:	Gender: M / F	Date of Birth: ____/____/____	Hospital Name / City / State	Assigned Class (office use only)
2012-2013 School year Grade: / School Attending:	Allergies:	Learning Concerns / Special Needs:	Try to place in class with:	

2. Student Baptismal Name:	Gender: M / F	Date of Birth: ____/____/____	Hospital Name / City / State	Assigned Class (office use only)
2012-2013 School year Grade: / School Attending:	Allergies:	Learning Concerns / Special Needs:	Try to place in class with:	

3. Student Baptismal Name:	Gender: M / F	Date of Birth: ____/____/____	Hospital Name / City / State	Assigned Class (office use only)
2012-2013 School year Grade: / School Attending:	Allergies:	Learning Concerns / Special Needs:	Try to place in class with:	

Grades 1 – 6: Please read enclosed letter prior to choosing Option 1 or Option 2 (First come first serve basis)

Option 1: ____ Monday ____ Tuesday **Option 2:** ____ Family Catechesis Program (Taught by parent & meets for Enrichment 5 Sundays a year)

Grades 7 & 8: ____ Home Group Teacher: _____

____ Home School (taught by parent)
 (Grade 9: is Confirmation preparation; not required to fill out this form)

PLEASE FILL OUT SIDE 2

OFFICE USE ONLY:
 Date of Reg: ____ Pd. Amt: ____ Ck. #: ____ Check Date: ____ Bapt. Cert: ____ Fam. Card: ____ Record Card: ____ Comp: ____

Sacrament Certificates

Please provide us with a **copy of the certificate for any sacrament received in another parish.** Please provide the date of the sacrament if the child received the sacrament in St. Catharine.

Sacrament Information

Please fill in the information below for **each student** you are registering. Please use their **Baptized Name**.

Grade 2 and above Students

Information regarding a child/children's previous religious education is required. Please request the previous parish to notify us by letter and include any sacraments your child/children have received.

1. Student Baptismal Name:		
Baptism Date:	Church of Baptism:	Church Address:
Penance Date:	Church of Penance:	Church Address:
1 st Communion Date:	Church of 1 st Communion:	Church Address:
Confirmation Date:	Church of Confirmation:	Church Address:

2. Student Baptismal Name:		
Baptism Date:	Church of Baptism:	Church Address:
Penance Date:	Church of Penance:	Church Address:
1 st Communion Date:	Church of 1 st Communion:	Church Address:
Confirmation Date:	Church of Confirmation:	Church Address:

3. Student Baptismal Name:		
Baptism Date:	Church of Baptism:	Church Address:
Penance Date:	Church of Penance:	Church Address:
1 st Communion Date:	Church of 1 st Communion:	Church Address:
Confirmation Date:	Church of Confirmation:	Church Address:

***Please fill out **Baptism Information completely with Parish Name & address** we mail the Parish the dates of your child's Sacraments for their Permanent Records. Thank you.