

**FAMILY REGISTRATION FORM FOR RELIGIOUS EDUCATION**

**ST. CATHERINE OF SIENA CHURCH**

**Office of Faith Formation**

**6 Riverside Avenue**

**Riverside, CT 06878**

Date \_\_\_\_\_

Family Name \_\_\_\_\_ Father's Name \_\_\_\_\_

Mother's First and Maiden Name \_\_\_\_\_

Address \_\_\_\_\_

Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_ (Mom \_\_\_\_ Dad \_\_\_\_)

(C) \_\_\_\_\_ (Mom \_\_\_\_ Dad \_\_\_\_)

Parent's Email \_\_\_\_\_ Child's Email \_\_\_\_\_

Child(ren) Live With: Both Parents \_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_ Other \_\_\_\_\_

(If other please indicate name and relationship) \_\_\_\_\_

Child(ren) attended Religious Ed Program last year Yes \_\_\_\_\_ No \_\_\_\_\_

Child(ren)'s Names	M/F	Entering Grade	Date of Birth
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Does your child have any special needs that we should be aware of? (Learning disabilities, allergies etc.)

\_\_\_\_\_

\_\_\_\_\_

Religious Education is about faith formation and is the cooperative effort between parents and parish.

In which areas will you support this collaboration?

- |                   |                         |                      |
|-------------------|-------------------------|----------------------|
| _____ Catechist   | _____ Teacher Assistant | _____ Hospitality    |
| _____ Music       | _____ Computer          | _____ Youth Ministry |
| _____ Office Help | _____ Chaperone         |                      |