

**ST. CATHERINE OF SIENA REGISTRATION
FAITH FORMATION PROGRAMS**

(For Office Use Only)
Family _____ Sunday _____
Week Day _____ TeachOwn _____
6 _____ 7 _____ 8 _____ 9 _____

Please PRINT all information

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**

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

___ Youth Ministry ___ Substitute Teacher ___ Chaperone