

**ST. MARY - ST. CATHERINE OF SIENA
REGISTRATION FORM
2016-2017 RELIGIOUS EDUCATION**



Please complete a registration form for each child in Grades K-8 and return to the Parish Office, 46 Winthrop Street. Fees are: \$75 for one child, and \$30 for each additional child. Financial Scholarships are available. Please call 617-242-4664 or email agaroutte@stmaryscatherine.org if you have any questions.

(Please Print legibly. Front and Back)

Name _____ Grade _____

Home Address _____

Date of Birth _____ School Attending _____

Mother's (Guardian's) Name _____

Cell Phone Number _____ Denomination _____

Email Address _____

Father's (Guardian's) Name _____

Cell Phone Number _____ Denomination _____

Email Address _____

Parent/Guardian willing to help in classroom? Yes: _____ No: _____

If yes, in what capacity? _____

SACRAMENTS RECEIVED (please list: date, parish, and city/town)

Baptism _____

(Copy of baptismal certificate needed if not baptized in our parish.)

First Communion _____

(please indicate if you would like your child to receive Baptism and/ or First Holy Communion this year)

(turn over)

2016 – 2017 Religious Education Registration Form

If your child has special needs, please let us know and we will work to make the necessary provisions for him/her:

Can child receive snacks in class? What kind? _____

Known allergies: _____

My child can walk home from class alone. Yes____ **No**_____

Regular Commitments During the Year: (e.g. hockey practices, ski weekends, etc.)

(please list season and expected number of weeks affecting classes)

Emergency Contact Name _____

Emergency Contact Telephone _____

Signature of Parent/Guardian _____

Date _____