

St. Catharine CCD Registration
New / Returning Students: Grades K – 8
 Year 2017-2018

Grades K-8 Fee:	
1 Child: \$125.00	2 Children: \$250.00
3 or more: \$340.00	Monday Teachers (only): \$50.00
Sunday Teachers: Registration fee Minus \$50.00	

Please **print clearly** & enter all information

Family Last Name:	Home Phone #:	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 #:
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Please complete the information below for **EACH** previously registered student (Grades 1-8). **NEW Students** in the family, please use Reverse side.

Student Baptismal Name:	Gender: M / F	2017-18 School Year Grade / School Attending	Allergies:	Learning Concerns / Special Needs:	Try to place in class with:	Assigned Class (office use only)
1.						
2.						
3.						
4.						

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

Option 1: ____ Monday

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)

NEW STUDENTS - FILL OUT SIDE 2

OFFICE USE ONLY:

Date of Reg: ____ Pd. Amt: ____ Ck. #: ____ Check Date: ____ or Faith Direct ____ Bapt. Cert: ____ Fam. Card: ____ Record Card: ____

New Students:

Please fill in the information below for **EACH NEW Student** you are registering; please use their Baptismal Name.

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.

1. Student Baptismal Name:		Gender: M / F	Date of Birth: ____/____/____	Hospital Name / City / State	
Baptismal Date: ____/____/____	Church of Baptism:		Church Address: Street: _____ City _____ State _____ Zip _____		
2017-2018 School year Grade: / School:		Allergies:	Learning Concerns / Special Needs:	Try to place in class with:	
Penance Yes ____ No ____	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:		Gender: M / F	Date of Birth: ____/____/____	Hospital Name / City / State	
Baptismal Date: ____/____/____	Church of Baptism:		Church Address: Street: _____ City _____ State _____ Zip _____		
2017-2018 School year Grade: / School:		Allergies:	Learning Concerns / Special Needs:	Try to place in class with:	
Penance Yes ____ No ____	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 and address; we mail the Parish the dates of your child's Sacraments for their Permanent Records.***