

St. Catharine CCD Registration  
**New / Returning Students: Grades K – 8**  
 Year 2018-2019

<b>Grades K-8 Fee:</b>	
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

<b>Family Last Name:</b>	Home Phone #:	<b>E-mail Address</b> (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.

<b>Student Baptismal Name:</b>	Gender: M / F	2018-19 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**

**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: \_\_\_\_ 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.

<b>1. Student Baptismal Name:</b>		Gender: M / F	Date of Birth: ____/____/____	Hospital Name / City / State	
Baptismal Date: ____/____/____	Church of Baptism:		Church Address: Street: _____ City _____ State _____ Zip _____		
2018-2019 School year Grade: / School:		Allergies:	Learning Concerns / Special Needs:	Try to place in class with:	
Penance Yes ____ No ____	Church of Penance:		Church Address:		
1 <sup>st</sup> Communion Date:	Church of 1 <sup>st</sup> Communion:		Church Address:		
Confirmation Date:	Church of Confirmation:		Church Address:		

<b>2. Student Baptismal Name:</b>		Gender: M / F	Date of Birth: ____/____/____	Hospital Name / City / State	
Baptismal Date: ____/____/____	Church of Baptism:		Church Address: Street: _____ City _____ State _____ Zip _____		
2018-2019 School year Grade: / School:		Allergies:	Learning Concerns / Special Needs:	Try to place in class with:	
Penance Yes ____ No ____	Church of Penance:		Church Address:		
1 <sup>st</sup> Communion Date:	Church of 1 <sup>st</sup> 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.***