

**St. Katharine of Siena Religious Education Program
REGISTRATION FORM 2009-2010**

FAMILY NAME _____

Parents' Information

Mother

First Name _____ Last _____

Maiden _____

Occupation _____

Religion _____

Are you registered in St. Katharine's Parish? yes no

Family Background:

Married Separated Divorced Single
 Remarried Widow Deceased

Father

First Name _____ Last _____

Occupation _____

Religion _____

Are you registered in St. Katharine's Parish? yes no

Family Background:

Married Separated Divorced Single
 Remarried Widower Deceased

Primary Contact *(check all that apply)*

Mother Father Grandparent Other _____

Address _____

City _____ State _____ Zip _____

Email _____

Phone # () _____

Work # () _____

Cell # () _____

Secondary Contact *(if applicable) (check all that apply)*

Mother Father Grandparent Other _____

Address _____

City _____ State _____ Zip _____

Email _____

Phone # () _____

Work # () _____

Cell # () _____

Would you like mail/email correspondence at this address?

YES NO

Emergency Contact Information

Please provide the names of two people we should contact if parent/guardian cannot be reached during an emergency.

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

Physician's name _____ Phone _____

Student #1 Information (please begin with the oldest)

Last Name _____ First Name _____ MI _____ Sex M F

Birth Date _____ Birth City _____ Birth State _____

School _____ Grade in School (Fall 2009) _____ Last grade *completed* in Religious Ed _____

Sacrament Information

Baptism: Date _____ Parish _____ City _____ State _____

Reconciliation: Date _____ Parish _____ City _____ State _____

Eucharist: Date _____ Parish _____ City _____ State _____

Confirmation: Date _____ Parish _____ City _____ State _____

Special Needs/Allergies/MedicalConditions _____

Student #2 Information

Last Name _____ First Name _____ MI _____ Sex M F

Birth Date _____ Birth City _____ Birth State _____

School _____ Grade in School (Fall 2009) _____ Last grade *completed* in Religious Ed _____

Sacrament Information

Baptism: Date _____ Parish _____ City _____ State _____

Reconciliation: Date _____ Parish _____ City _____ State _____

Eucharist: Date _____ Parish _____ City _____ State _____

Confirmation: Date _____ Parish _____ City _____ State _____

Special Needs/Allergies/MedicalConditions _____

Student #3 Information

Last Name _____ First Name _____ MI _____ Sex M F

Birth Date _____ Birth City _____ Birth State _____

School _____ Grade in School (Fall 2009) _____ Last grade *completed* in Religious Ed _____

Sacrament Information

Baptism: Date _____ Parish _____ City _____ State _____

Reconciliation: Date _____ Parish _____ City _____ State _____

Eucharist: Date _____ Parish _____ City _____ State _____

Confirmation: Date _____ Parish _____ City _____ State _____

Special Needs/Allergies/MedicalConditions _____

Student #4 Information

Last Name _____ First Name _____ MI _____ Sex M F
Birth Date _____ Birth City _____ Birth State _____
School _____ Grade in School (Fall 2009) _____ Last grade completed in Religious Ed _____

Sacrament Information

Baptism: Date _____ Parish _____ City _____ State _____

Eucharist: Date _____ Parish _____ City _____ State _____

Reconciliation: Date _____ Parish _____ City _____ State _____

Confirmation: Date _____ Parish _____ City _____ State _____

Special Needs/Allergies/MedicalConditions _____

Carpool Information

Please list the names of all who are authorized to pick-up your children from Religious Education.

Class Session Desired (please check)

Please make checks payable to St. Katharine of Siena

- Sunday** Pre-School (3-4 years old), 9:30 - 10:30AM \$75 per child
- Sunday** Grades K-8, 10:45 - 12 noon \$125 per child before July 1, \$150 per child after July 1
- Wednesday** Grades K- 8, 4:30 - 5:45PM \$125 per child before July 1, \$150 per child after July 1

For Office Use:

Date paid _____ Ledger# _____ Amount _____ Check # _____ Cash _____ Balance Due _____
Initials _____

To complete registration, please include a copy of your child's baptismal certificate.

Medical Waiver

I give my full consent to the St. Katharine's Parish Staff to engage any medical professionals to administer emergency medical treatment, if deemed necessary, to my son/daughter in the event of an unforeseen injury or illness or suspect injury. For myself, my family members, and my son/daughter, I agree to indemnify and hold harmless St. Katharine's Parish, its employees and volunteers, and the Archdiocese of Philadelphia, harmless from and against all liabilities, injuries, expenses and claims arising out of any connection with or participation in such activities. I confirm that I and my son/daughter are covered by medical insurance, the provision of which is a requirement for participation in St. Katharine's Religious Education Program.

I have carefully read and fully understand the medical information and release of liability, stated herein and subject to all of the above. I agree to my own and my son's/daughter's participation in St. Katharine's Religious Education Program, and accept the terms and conditions as stated.

Parent/Guardian Signature _____ Date _____

Photo Release

I hereby give the Archdiocese of Philadelphia, its successors and assigns and those acting with its authority, the unqualified right and permission to reproduce, copyright, publish, circulate or otherwise use any school pictures of my child produced by the Archdiocese of Philadelphia. This authorization and release covers the use of said school pictures in any published form and any media of advertising.

I also understand that our school may be identified by name and I fully understand that this is a complete release of all claims against the Archdiocese of Philadelphia or any other person, firm or corporation by reason of any such use of such school pictures.

I hereby warrant that I am free to give this permission. I further warrant that the information I have provided is, to the best of my knowledge, true and accurate.

Parent/Guardian Signature _____ Date _____

Mission Statement Covenant

We strive to continue to provide the very best religious instruction and concurrently develop and provide the children with ways to practice their Catholic faith through various service activities and prayer experiences.

Our Parish Religious Education Program (P.R.E.P.) exists to assist parents in the important task of forming our children into committed Catholics. You are your child's primary educator and example of living out the Catholic faith. If your child is to truly benefit from attending our Religious Education Program, it is essential that you and your child/ren attend Mass weekly and receive the Sacraments regularly.

I agree to do my best to continually live out my role in this Mission Statement with my family.

Parent/Guardian Signature _____ Date _____