St. Catherine of Genoa

Religious Education Registration
2010-2011

*Family Last Name:*_____

*Father:*_____ *Religion:*_____

*Mother:*_____ *Religion:*_____

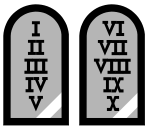
*Address:*_____*City:*_____

*Phone Number(s):*_____

*Email Addres(s):*_____

Child's Name:	*Date of Birth:*	*Entering Grade:*	*Baptism: (Year, Church, City, State)*	*1st Communion: (Yes/No)*

* *Are you registered members of St. Catherine of Genoa?* *Yes* *No*
* *Does your child have any food allergies or restrictions?* *Yes* *No*



*If Yes, Please Describe:*_____

**Emergency Contact:*

**Name:*_____ **Phone Number(s):*_____

For Office Use Only:

$ 70.00/child $ 180.00/family $ 30.00/Sacrament Fee	Amount	Check #	Cash
Paid	$	#	$

*** I grant permission for my child's picture/video &/or name to be used in informational news coverage and educational purposes.***

*** I agree to follow the procedures and policies in the St. Catherine of Genoa Religious Education Parent Handbook.***

_____

Signed **Date**

St. Catherine of Genoa

Religious Education