



Traditional Religious Education
Pre-K & Kinder
2010-2011

Date _____

Child's First Name _____ Name Child Goes By _____ Last Name _____

Family mailing address _____

COMMUNICATION IS SENT VIA EMAIL UNLESS NOTED HERE: ___Regular mail to family address preferred

Parent/Guardian Name: _____
 (First Name) (Last Name) (Relationship)

Best phone # during RE session time: _____ E-mail address _____

Parent/Guardian Name: _____
 (First Name) (Last Name) (Relationship)

Best phone # during RE session time: _____ E-mail address _____

Child's Birth date: _____ Grade ('10 - '11 Yr.) _____ School _____

My child was baptized Catholic ___ Yes ___ No (If no, please see Director for further instruction.)

Church of Baptism/City/State _____ Date of Baptism _____

My child attended R.E. last year ('09 - '10 school year) ___ Yes ___ No Where? _____

Medical Information and Emergency Release Form

In case of a medical emergency, every attempt will be made to contact the child's parents/guardians. The person named below, or a representative of St. Catherine of Siena Parish, may authorize emergency medical treatment for my child if I cannot be reached.

Name & Relationship: _____ Phone: _____

Physician Name _____ Phone _____

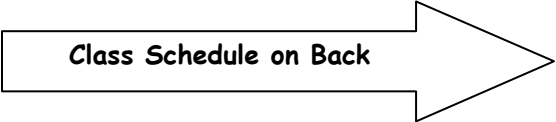
Special considerations (i.e.: allergies, medical or behavioral conditions, custody, etc....) _____

Signature (Parent/Guardian) _____ Date _____

Parental/Guardian Consent

I give permission for my child to be photographed during activities associated with St. Catherine of Siena Religious Education. I understand that photos/videos may be used for future publicity within the St. Catherine R.E. Program, and that my child's name will NOT be used with the image.

Signature (Parent/Guardian) _____ Date _____



Religious Education Class Schedule:

Please indicate your first and second choices (1 and 2) of class times.
You will be contacted **ONLY IF** your child **IS NOT** placed in their first choice class.

Child's Name: _____ Grade: _____

PRE - KINDER		KINDERGARTEN
Sundays ____ 8:30 ____ 10:30		Sundays ____ 8:30 ____ 10:30

For Office Use Only:

Registration Received By: _____ Date: _____

Payment Amount: _____

Payment Form: ___ cash ___ check (check # _____)

Scholarship: yes/no If yes, amount _____

Catechist: yes/no Day/Time/Grade _____

Office Aide: yes/no Day/Time _____

Other Notes: