

**ST. CATHERINE OF SIENA RELIGIOUS EDUCATION REGISTRATION FORM
2021-2022**

PLEASE PRINT

Family Last Name:	Home Phone with Area Code:	E-Mail: <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Street:	Mother's Name:	Cell Phone:	Work Phone:																	
Town & Zip Code:	Father's Name:	Cell Phone:	Work Phone:																	

Please Note: Grades 1-5 are "class attached to the Mass". Circle your 1st choice Mass section. Space is limited - First come, First serve. (Families attend Mass together followed by student classroom instruction and Parent/Family Catechesis).

Child's First Name **	(Circle one) In Class or *Home Study ebook	Birth Date mm/dd/yy	Place & date of Baptism	Grade as of Sept. 2021	GRADES 1-5 Circle 1st Choice of Sunday Mass time	Name of School	***Sacraments Received*** If you are new to our program, you must include a photocopy of your child's/children's Baptismal Certificate and, if applicable, a letter from your former parish(s) indicating any other sacraments received and grades completed.
1.	In Class or Home Study ebook				Section A 9:30am-11am Section B 11:30am-1pm		
2.	In Class or Home Study ebook				Section A 9:30am-11am Section B 11:30am-1pm		
3.	In Class or Home Study ebook				Section A 9:30am-11am Section B 11:30am-1pm		
4.	In Class or Home Study ebook				Section A 9:30am-11am Section B 11:30am-1pm		

**If child's last name is different from the family name above, please indicate. *The "Home Study" option is not available for the Grades 1, 2, 9 and 10. After the July 31st deadline, there will be a \$50 change fee for modifications made for in class/home study.

TUITION: Drop off or mail this form with your payment: Religious Education Office, St. Catherine of Siena, 10 North Pocono Rd., Mt. Lakes, NJ 07046. **Please make checks payable to: St. Catherine of Siena Church.**

- FEES:** \$ 95 - one (1) child
\$155 - two (2) children
\$220 - three (3) children
\$285 - four (4) or more children
\$ 55 - Grade **2 & 9** only (additional Sacramental Fee)
\$ 50 – Late Fee after 7/31/2021
- Tuition due** \$ _____
Sacramental Fee (Gr. 2 & 9 only) \$ _____
Late Fee after 7/31/21 \$ _____
Total \$ _____

** I have registered with Flocknote (yes). _____

If you have not registered with Flocknote – please do. Flocknote will be a primary form of communication. Text the letters SienaML to the 5-digit phone number 84576. (be sure auto correct is off). Flocknote will send you a verification notice. You must verify your information to be completely registered.

Family Faith Days: Only Grades 1-5 (choose 1). Space is limited

___ Living Rosary Saturday, Oct. 2nd 5:30Mass

___ Family ADVENTture, Sunday, Nov. 21st 11:30 Mass

___ Lenten Family, Sunday, Feb. 27, 2022 11:30 Mass

___ Way of the Cross, Saturday April 2, 2022 5:30pm Mass

SPECIAL NEEDS It is essential that we be made aware of:

Any educational or physical special needs _____

Any dietary/medication allergies _____

Any other concerns you may have: _____

**If there are any changes to the above information throughout the school year, please notify the Education Office.*

Emergency Contact: _____ Relationship to Student(s): _____ Phone: _____
(Who to call when classes are in session)

MEDICAL RELEASE

In the event of an emergency where medical treatment is required, I give my permission to St. Catherine of Siena staff or sponsor to obtain the services of a licensed physician. St. Catherine’s will immediately attempt to contact a parent/guardian or emergency contact in case of such emergency. Also, in case of emergency, I give my permission for St. Catherine’s or its agents to transport my child/children if that becomes necessary during the 2021-2022 school year.

Doctor’s Name: _____ Phone No. _____ **Parent/Guardian Signature** **Date**

Health Insurance Company: _____ Policy Holder (Workplace): _____

Policy# or Group# _____

ID# _____ Cardholder name (Name of insured): _____

By signing below, I acknowledge that I have read the Religious Education Handbook and agree to abide by the policies and procedures described therein.

Parent/Guardian SIGNATURE **Date**

Please PRINT Your Name

PLEASE COMPLETE BOTH SIDES! =>