

**ST. CATHERINE OF SIENA
FAITH FORMATION REGISTRATION 2020-2021**

Family Name _____

Address _____

City/State/Zip _____

Email _____

*email addresses are used only for our communication with you. It will not be shared)

OFFICE USE ONLY	
Date	_____
New to the program?	Y or N _____
ELEM FEE	_____
SAC PREP FEE	_____
CONF FEE	_____
AMT DUE	_____
AMT PAID	_____
CASH	_____
CHECK #	_____

Parents/Guardians	
Relationship to the child _____	Relationship to the child _____
Name _____	Name _____
Cell Phone # _____	Cell Phone # _____
Marital Status _____	Marital Status _____

Register your K through 8th grade child(ren) below

Please choose either TUESDAY or WEDNESDAY evening (circle preference) or SUNDAY (sacraments only)

ONE child activity book is included per family (for the monthly meeting) Additional books for \$15.00 each.

If you would like to purchase additional books, how many would you like? _____

Student Name _____ **Grade in the fall** _____

Birthdate _____ Birth City/State _____

Health Concerns _____

Learning/Behavioral Needs _____

Sacraments Received: Date Place Received Address of Church of Baptism

Baptism Y N _____

Reconciliation Y N _____

1st Communion Y N _____

Anything else we need to know about your child? _____

Student Name _____ **Grade in the fall** _____

Birthdate _____ Birth City/State _____

Health Concerns _____

Learning/Behavioral Needs _____

Sacraments Received: Date Place Received Address of Church of Baptism

Baptism Y N _____

Reconciliation Y N _____

1st Communion Y N _____

Anything else we need to know about your child? _____

Register additional children on the back of this form and please fill out the emergency contact information.

Student Name _____ **Grade in the fall** _____
Birthdate _____ Birth City/State _____
Health Concerns _____
Learning/Behavioral Needs _____
Sacraments Received: Date Place Received Address of Church of Baptism
Baptism Y N _____
Reconciliation Y N _____
1st Communion Y N _____
Anything else we need to know about your child? _____

Student Name _____ **Grade in the fall** _____
Birthdate _____ Birth City/State _____
Health Concerns _____
Learning/Behavioral Needs _____
Sacraments Received: Date Place Received Address of Church of Baptism
Baptism Y N _____
Reconciliation Y N _____
1st Communion Y N _____
Anything else we need to know about your child? _____

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**Emergency Information**

In the event of an emergency, if we are unable to reach you, please list who we should contact.

Name \_\_\_\_\_ Phone # \_\_\_\_\_  
Relationship to the child \_\_\_\_\_

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Emergency Treatment Release

As a parent/guardian, I authorize the treatment by a qualified and licensed medical doctor of the child(ren) listed on this form in the event of a medical emergency, which in the opinion of the attending physician, may endanger his/her life, cause disfigurement, physical impairment or undue discomfort if delayed. The authority is granted only after a reasonable effort has been made to reach me. Necessary first aid may be given in the Faith Formation office.

Signature _____ Date _____

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**Permission for Pictures**

I grant permission for St. Catherine of Siena Faith Formation office to use pictures of my children in any office or parish communications, which would include parish bulletins and press releases.

Signature \_\_\_\_\_ Date \_\_\_\_\_

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Faith Formation Policies and Procedures

Please note the following...

- Pre-K, K and 1st grade must be picked up from their classrooms by a parent or designated adult when class is dismissed.
- If District 300 cancels classes for weather related reasons, Faith Formation classes will also be cancelled on that day.
- For your child's safety, please fill out an Early Release Form in the Faith Formation office, if you need to pick your child up before the end of class.
- Please check our website for updates and schedules (parish.st-cath.net, faith formation tab)

I have reviewed the Faith Formation Policies and Procedures and agree to follow them.

Signature _____ Date _____

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**St. Catherine of Siena 845 West Main Street, West Dundee, IL 60118**

**Office # 847-426-4712 Fax # 847-426-1130**