

**St. Catherine of Siena
Religious Education Program
Registration Form
for new parishioners**

Child's Name _____ Grade _____

Address _____ Birth Date _____

Mother's Name _____ Cell Phone _____

Father's Name _____ Cell Phone _____

Home Phone _____ Email Address _____

Sacramental Information

Baptism Date _____ Church _____

Address _____

First Communion Date _____ Church _____

Address _____

parent signature

If you have any questions please call our
Director of Religious Education
Kathleen Seibert
848-1258 ext. 2