

Parent signature

**St. Catherine of Siena
Religious Education Program
Registration Form
Kindergarten**

Child's Name _____ Date of Birth _____

Address _____

Mother's Name _____ Cell Phone _____

Father's Name _____ Cell Phone _____

Home Phone _____

Emergency Contact Please provide a contact in addition to the info above. We will contact
parents in the church first

Name _____ Phone _____ Cell _____

Medical Information Please list any special learning or health needs.

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