

**Please return to Parish Office by September 14.**

**ST. CATHERINE OF SIENA CHURCH  
FAITH FORMATION REGISTRATION FORM 2009-2010**

Office Use Only:  
Paid: \_\_\_\_\_  
Ck #: \_\_\_\_\_  
Date: \_\_\_\_\_

Family Last Name: \_\_\_\_\_ Parent(s)/Guardian(s): 1) \_\_\_\_\_ 2) \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Child(ren) lives with: Both Parents \_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_ Other \_\_\_\_\_

**YOUTH PROGRAMS**

*(Please indicate child's age, grade and school for the 2009-10 academic year. To register child, enter fee amount (\$\*) under program(s). Tally per child.)*

CHILD'S NAME	AGE	GRADE	SCHOOL	FAITH FORMATION PROGRAMS * \$20/child, max. \$60/family				SACRAMENTAL PREPARATION PROGRAMS * \$25/Child/Sacrament (in addition to Faith Formation Program)			Fee/Child
				K-5	MS	HS	Home Study	First Reconciliation	Confirmation	First Eucharist	
1.											
2.											
3.											
4.											
5.											

**Scholarships available for families eligible for free or reduced-price school lunches - contact the Office.**

*Add Fees per Child*

**TOTAL DUE** \$

Children's Liturgy of the Word (Age 3-Kindergarten or Grade 1-4): \_\_\_\_\_

Please note the name and age of any child in the household who is **NOT** baptized: \_\_\_\_\_

Special needs/food allergies? \_\_\_\_\_ Interested in Youth Choir: \_\_\_\_\_

Adult Small Christian Community: \_\_\_\_\_ Adult Confirmation/Becoming Catholic: \_\_\_\_\_