

ST. CATHERINE CATHOLIC CHURCH
Faith Formation Registration

Please print

Family **Last** Name _____

Address _____ City _____

Zip Code +four _____ Home phone _____

e-mail _____ Emergency phone _____

Father

Mother

Name _____

Name _____

Occupation _____

Occupation _____

Work phone _____

Work phone _____

Cell phone _____

Cell phone _____

CHILDREN

Full Name (*first, middle, & last if different than above*)

Date of birth

Grade

NEW STUDENTS ONLY

Are you a registered member of St. Catherine Parish? Yes____ No____

If "Yes", Envelope number _____ (needed for computer registration information)

A copy of Baptism Certificate is required for new students to our program