

ST. CATHERINE CATHOLIC CHURCH
Faith Formation Registration

Please print

Today's Date _____

Name of Child _____ Date of Birth _____

Place of Birth _____ Date of Baptism _____

Place of Baptism _____ Certificate on file: yes ___ no ___

Sacraments Received: Baptism _____ Communion _____ Confirmation _____

Street Address _____ Postal Address if different _____

City: _____ State _____ Zip Code _____

Home Phone (____) _____ Radio _____

E-mail _____ Cell Phone (____) _____

School _____ Grade _____

Emergency Contact _____ Phone (____) _____

Does the child live with his/her parents? Yes _____ No _____

Confirmation: Name of Saint _____ Name of Sponsor _____

Father

Mother's Maiden Name

Name _____

Name _____

Occupation _____

Occupation _____

Work Phone (____) _____

Work Phone (____) _____

Cell Phone (____) _____

Cell Phone (____) _____

Radio _____

Radio _____

E-mail _____

E-mail _____

Catholic Yes _____ No _____

Catholic Yes _____ No _____

Are you registered in the parish? _____

Are you registered in the parish? _____

Classes

2-4 years _____ Pre-CommunionA _____ Pre-CommunionB _____ Pre-CommunionC _____

Communion A _____ Communion B _____ Post Communion C _____ Post-Communion D _____

Edge _____ LifeTeen _____ Confirmation first year _____ Confirmation second year _____

Name of Catechist _____ Room _____

Registration Fee \$15.00 for each student.

A Baptismal Certificate is required for students new to the St. Catherine program.

Please e-mail finished registration to georgia@stcath.com or mail it to 882 Bay St, Sebring, FL 33870