

ST. CATHERINE'S RELIGIOUS EDUCATION

2009-2010 REGISTRATION

180 Elrod Rd. Jefferson GA 30546 / Tel 706-335-2622

Fees for active and registered parishioners whose children are baptized: \$15 per child

Fees for non-registered parishioners: \$25 per child. Make checks payable to St. Catherine Laboure Catholic Church.

Classes for grades 1st through 12th taught on Sundays from 9:30 – 10:30 am, beginning September 13th

Classes for the sacraments of Reconciliation, Eucharist, and Confirmation will be offered on Sundays only.

Please contact the RE office for registration, dates and other details.

FAMILY (LAST) NAME:		FEE AMOUNT ENCLOSED:		TODAY'S DATE:	
		\$ 			
ADDRESS:					
Street or P.O. Box		City		Zip Code	
HOME PHONE:			EMAIL:		
FATHER / STEPFATHER / GUARDIAN (Underline One)			MOTHER / STEPMOTHER / GUARDIAN (Underline One)		
NAME:			NAME:		
CELL PHONE:			CELL PHONE:		
RELIGION:			RELIGION:		
MARITAL STATUS:			MARITAL STATUS:		

STUDENT NAME <small>(Include last name if different from family name above) (also put name called if different and circle it)</small>	SEX M-F	BIRTH DATE	NAME OF SCHOOL 09-10	Grade 2009-2010	In RE program previously? Y/N	Most recent Year in RE	SACRAMENTS ALREADY RECEIVED (√)			SACRAMENTS TO PREPARE FOR THIS YEAR (√)		
							Baptism	Eucharist	Confirmation	Baptism	Eucharist	Confirmation

When and where was the child Baptized? Church & State _____ Year _____

First Communion? Church & State _____ Year _____

Are you new to St. Catherine's Parish? YES- NO

Is your family registered here at St. Catherine's Church? YES NO

I understand that my child shares the obligation of all Catholics to attend mass on Sundays and Holy Days. YES NO

Please indicate any special medical or other needs on a separate sheet.

Person to contact in the event of an emergency if parent cannot be reached:

Name: _____ **Phone:** _____ **Relationship:** _____

OFFICE USE ONLY:	FEE AMT
AMT PAID	
CASH REC #	
CHECK #	
DATE	