



St. Catherine of Siena Catholic Church

Office of Religious Education

1020 Springvale Road (703) 759-3530
 Great Falls, Virginia 22066 stcatherinesreoffice@gmail.com

Confraternity of Christian Doctrine (CCD)

Registration Form for September 2018 – May 2019

Family Information

Family Last Name _____ Registered Parishioner * _____ yes _____ no
 Name of Parish (if not a parishioner at St. Catherine of Siena)* _____
 Address _____ Primary Phone _____
 City _____ State _____ Zip _____ Primary Family Email _____

* CCD enrollment is generally restricted to parishioners, with exceptions (under extraordinary circumstances) approved by the Pastor. Those who reside within parish boundaries- whether or not registered with the Parish- determines true “member of the Parish” status. For those outside Parish boundaries, registration with the approval of the Pastor is also a means of becoming a recognized parishioner.

Father's Information

First/Last Name _____
 Work Phone _____
 Cell Phone _____
 Religion _____

Mother's Information

First/ Last Name _____
 Work Phone _____
 Cell Phone _____
 Religion _____

Emergency Contact Information

(If parents cannot be contacted)

First/Last Name _____ Home or Work Phone _____
 Relationship to Child _____ Cell Phone _____

Children's Information

Child's Full Name as reflected on Birth Certificate _____
 Sex ____ Birthdate _____ School Attending in 2018-2019: _____ Grade _____
 Religious Instruction Last Year: ____ St. Catherine of Siena ____ Homeschool ____ Catholic School ____ Other parish ____ Did not receive
 Check Sacraments Received: _____ Baptism _____ First Penance _____ First Holy Communion _____ Confirmation
 Allergies: __yes __no If yes, please explain _____

Child's Full Name as reflected on Birth Certificate _____
 Sex ____ Birthdate _____ School Attending in 2018-2019: _____ Grade _____
 Religious Instruction Last Year: ____ St. Catherine of Siena ____ Homeschool ____ Catholic School ____ Other parish ____ Did not receive
 Check Sacraments Received: _____ Baptism _____ First Penance _____ First Holy Communion _____ Confirmation
 Allergies: __yes __no If yes, please explain _____

Children's Information, continued

Child's Full Name as reflected on Birth Certificate _____
Sex ____ Birthdate _____ School Attending in 2018-2019: _____ Grade _____
Religious Instruction Last Year: ____ St. Catherine of Siena ____ Homeschool ____ Catholic School ____ Other parish ____ Did not receive
Check Sacraments Received: _____ Baptism _____ First Penance _____ First Holy Communion _____ Confirmation
Allergies: ____yes ____no If yes, please explain _____
Child's Full Name as reflected on Birth Certificate _____
Sex ____ Birthdate _____ School Attending in 2018-2019: _____ Grade _____
Religious Instruction Last Year: ____ St. Catherine of Siena ____ Homeschool ____ Catholic School ____ Other parish ____ Did not receive
Check Sacraments Received: _____ Baptism _____ First Penance _____ First Holy Communion _____ Confirmation
Allergies: ____yes ____no If yes, please explain _____

If your child is new to our program and has been baptized, please make sure to attach a copy of the Baptismal Certificate to this form.

All classes for 2018-2019 school year held on Mondays

5:00 pm – 6:15 pm, Grades 1-8 and High School Apologetics Course
6:30 pm – 7:45 pm, Grades 1-8 and High School

Tentative Class Dates: September 10, 17, 24; October 1, 22, 29; November 12, 19, 26; December 3, 10, 17; January 7, 14, 28; February 11, 25; March 4, 11, 18, 25; April 1, 8, 29; May 6, 13

Class Preference

Name of Child	Grade	Time Preference
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

CCD Tuition for 2018-2019

*No charge for children of catechists and assistants.
No charge for high school students, but registration required.*

Tuition (Grades 1 – 8)	By June 30	July 1 to Aug 31
One Child	\$75	\$150
Two Children	\$100	\$200
Three or more Children	\$125	\$250
Total Tuition & Fees Due		

Please note: There will be a \$75 processing fee added for all late registrations received after August 31, 2018, except for those received from parishioners new to the area.

Payment: Check # _____ Cash _____ Paid in Full

Please make checks payable to: **St. Catherine of Siena Catholic Church**