



# St. Catherine of Siena Catholic Church

## Office of Religious Education

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

# Homeschooled and Catholic School Students Registration Form

Date submitted: \_\_\_\_\_

### Family Information

Family Last Name \_\_\_\_\_ Parishioner \_\_\_\_ yes \_\_\_\_ no  
Address \_\_\_\_\_ Home/Cell Phone \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Email \_\_\_\_\_

### Father's Information

First/Last Name \_\_\_\_\_  
Work Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_  
Religion \_\_\_\_\_

### Mother's Information

First/Maiden/Last Name \_\_\_\_\_  
Work Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_  
Religion \_\_\_\_\_

### Children's Information

Child's Full Name as reflected on Birth Certificate \_\_\_\_\_  
Nickname: \_\_\_\_\_ Sex \_\_\_\_ Birth date \_\_\_\_\_  
School attending : \_\_\_\_\_ Grade \_\_\_\_\_  
Sacraments (Dates) Received: \_\_\_\_\_ Baptism \_\_\_\_\_ First Penance \_\_\_\_\_ First Holy Communion \_\_\_\_\_ Confirmation \_\_\_\_\_

Child's Full Name as reflected on Birth Certificate \_\_\_\_\_  
Nickname: \_\_\_\_\_ Sex \_\_\_\_ Birth date \_\_\_\_\_  
School attending : \_\_\_\_\_ Grade \_\_\_\_\_  
Sacraments (Dates) Received: \_\_\_\_\_ Baptism \_\_\_\_\_ First Penance \_\_\_\_\_ First Holy Communion \_\_\_\_\_ Confirmation \_\_\_\_\_

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Sacraments (Dates) Received: \_\_\_\_\_ Baptism \_\_\_\_\_ First Penance \_\_\_\_\_ First Holy Communion \_\_\_\_\_ Confirmation \_\_\_\_\_

**If your child is receiving First Holy Communion or Confirmation this year, please make sure to attach a copy of the Baptismal certificate when turning in this form. If they were baptized at St. Catherine of Siena, only the Baptismal date is required on the form.**