



# 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*

#### *Registration Form for September 2017 – May 2018*

**Family Information**

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

**Father's Information**

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

**Mother's Information**

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

**Emergency Contact Information**

(If parents cannot be contacted)

First/Last Name \_\_\_\_\_ Home Phone \_\_\_\_\_  
 Relationship to Child \_\_\_\_\_ Cell Phone \_\_\_\_\_

**Children's Information**

Child's Full Name as reflected on Birth Certificate \_\_\_\_\_  
 Nickname: \_\_\_\_\_ Sex \_\_\_\_\_ Birthdate \_\_\_\_\_  
 School attending in 2017-2018 \_\_\_\_\_ Grade \_\_\_\_\_  
 Sacraments (Dates) Received: \_\_\_\_\_ Baptism \_\_\_\_\_ First Penance \_\_\_\_\_ First Holy Communion \_\_\_\_\_ Confirmation \_\_\_\_\_  
 Allergies: \_\_\_yes \_\_\_no If yes, please explain \_\_\_\_\_

Child's Full Name as reflected on Birth Certificate \_\_\_\_\_  
 Nickname: \_\_\_\_\_ Sex \_\_\_\_\_ Birthdate \_\_\_\_\_  
 School attending in 2017-2018 \_\_\_\_\_ Grade \_\_\_\_\_  
 Sacraments (Dates) 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 _____  |  |                          |
| Nickname: _____  |  | Sex ____ Birthdate _____ |
| School attending in 2017-2018 _____  |  | Grade _____              |
| Sacraments (Dates) Received: _____ Baptism _____ First Penance _____ First Holy Communion _____ Confirmation _____ |  |                          |
| Allergies: ___yes ___no If yes, please explain _____   |  |                          |
|  |  |                          |
| Child's Full Name as reflected on Birth Certificate _____  |  |                          |
| Nickname: _____  |  | Sex ____ Birthdate _____ |
| School attending in 2017-2018 _____  |  | Grade _____              |
| Sacraments (Dates) Received: _____ Baptism _____ First Penance _____ First Holy Communion _____ Confirmation _____ |  |                          |
| Allergies: ___yes ___no If yes, please explain _____   |  |                          |

**If your child is receiving First Holy Communion or Confirmation, 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.**

*Class Schedule*

*All classes for 2017-2018 school year held on Mondays*

5:00 pm – 6:15 pm, Grades 1-8

6:30 pm – 7:45 pm, Grades 1-8 and High School

*Class Preference*

| Name of Child | Grade | Time Preference |
|---------------|-------|-----------------|
| _____         | _____ | _____           |
| _____         | _____ | _____           |
| _____         | _____ | _____           |
| _____         | _____ | _____           |

*CCD Tuition for 2017-2018*

*No charge for children of catechists and assistants.*

*No charge for high school students.*

| Tuition (Grades 1 – 8)              | By<br>June 30 | July 1 to<br>Aug 31 |
|-------------------------------------|---------------|---------------------|
| One Child                           | \$50          | \$100               |
| Two Children                        | \$75          | \$150               |
| Three or more Children              | \$100         | \$200               |
| <b>Total Tuition &amp; Fees Due</b> |               |                     |

Please note: There will be a \$75 processing fee added for all late registrations received after September 1, 2017, except for those received from newly registered parishioners.

Payment: \_\_\_\_\_ Check # \_\_\_\_\_ Cash \_\_\_\_\_ Paid in Full

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