



**2011 –ST. CATHARINE’S RE- REGISTRATION FORM –2012**

Day \_\_\_\_\_  
Office use only

**GRADES K-1; 3-7- ONLY**

PLEASE COMPLETE THE ENTIRE FORM BEFORE BRINGING TO OFFICE STAFF

(1) \_\_\_\_\_  
FAMILY NAME

(3) \_\_\_\_\_  
STREET TOWN ZIP HOME PHONE NUMBER

(4) \_\_\_\_\_  
FATHER’S NAME OCCUPATION FATHER’S CELL NUMBER RELIGION

(5) \_\_\_\_\_  
MOTHER’S NAME OCCUPATION MOTHER’S CELL NUMBER RELIGION

(6) \_\_\_\_\_  
MOTHER’S MAIDEN NAME GUARDIAN/STEP PARENT

(7) \_\_\_\_\_  
E-MAIL ADDRESS

**CLASS TIMES**  
Sunday – 10:10-11:40 am  
Monday & Wednesday – 4:30-6:00pm  
7<sup>th</sup> grade – 7:00 – 8:30 pm – Wednesday  
8<sup>th</sup> grade - 7:00 – 8:30 pm - Monday

We will try our best to accommodate all of our students on their first choice of day but because of our large enrollment we ask the parents to please be prepared with a second choice.

**THERE ARE SEPARATE REGISTRATION FORMS FOR GRADES 2 AND 8. IF YOU HAVE A 2<sup>ND</sup> OR 8<sup>TH</sup> GRADER PLEASE DO NOT INCLUDE THEM ON THIS FORM.**

- 1) Child’s Name \_\_\_\_\_ Grade in Sept 11 \_\_\_\_\_ Sun. \_\_\_ Mon. \_\_\_ Wed. \_\_\_  
Public School Name \_\_\_\_\_ Date of Birth \_\_\_\_\_
- 2) Child’s Name \_\_\_\_\_ Grade in Sept 11 \_\_\_\_\_ Sun. \_\_\_ Mon. \_\_\_ Wed. \_\_\_  
Public School Name \_\_\_\_\_ Date of Birth \_\_\_\_\_
- 3) Child’s Name \_\_\_\_\_ Grade in Sept 11 \_\_\_\_\_ Sun. \_\_\_ Mon. \_\_\_ Wed. \_\_\_  
Public School Name \_\_\_\_\_ Date of Birth \_\_\_\_\_
- 4) Child’s Name \_\_\_\_\_ Grade in Sept 11 \_\_\_\_\_ Sun. \_\_\_ Mon. \_\_\_ Wed. \_\_\_  
Public School Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

**2011 – REGISTRATION FEES – 2012**

**GRADES K-1; 3-7- ONLY DO NOT INCLUDE 2<sup>ND</sup> & 8<sup>TH</sup> GRADES IN THE FAMILY PRICE**

Although Saint Catharine’s Parish subsidizes the Parish Religious Education Program with its personal as well as financial resources, it is both desirable and just that we ask our PREP families to make a modest investment in their child’s school of religion program at the time of re-registration.

**(PLEASE MAKE CHECKS PAYABLE TO ST. CATHARINE PARISH RELIGIOUS PROGRAM)**

ONE CHILD \_\_\_\_\_ TWO CHILDREN \_\_\_\_\_ THREE + CHILDREN \_\_\_\_\_  
\$125.00 \$185.00 \$200.00

OFFICE USE ONLY PAID \$ \_\_\_\_\_ ck # \_\_\_\_\_ RE-REGISTERED ON \_\_\_\_\_ CLASS LIST \_\_\_\_\_

Are there any special learning needs of your child that you wish to share with the classroom teacher?  
(Example: hearing loss, reading level, extra help during tests) (yes \_\_\_ no \_\_\_)  
If so please fill in below.

Child's Name \_\_\_\_\_

Child's Name \_\_\_\_\_

Child's Name \_\_\_\_\_

Child's Name \_\_\_\_\_

Is the child on any medication or does he/she have any health needs that we need to be made aware of?  
(yes \_\_\_ no \_\_\_) If so please fill in below.

Child's Name \_\_\_\_\_

Child's Name \_\_\_\_\_

Child's Name \_\_\_\_\_

Child's Name \_\_\_\_\_

-----  
**PHOTOGRAPHIC PERMISSION**

I \_\_\_\_\_ give permission to St. Catharine's Parish Religious Education Program  
Print parent/guardian name

to photograph my child(ren) \_\_\_\_\_ for use within the PREP  
PLEASE PRINT CHILD(REN)'S NAME(S)

program classroom projects and power point presentations. I understand that the pictures will be used in connection only with PREP and will not be sold, loaned, or otherwise provided to news agencies, photographic agencies or other groups.

Date \_\_\_\_\_

Signature \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION**

**Please indicate an emergency contact other than parents or guardian. In case of an emergency we will try to reach parent/guardian first before using the alternate emergency contact.**

**Alternate Emergency Contact (In case we cannot reach you in a medical emergency)**

1) \_\_\_\_\_  
NAME PHONE NUMBER RELATIONSHIP TO STUDENT

2) \_\_\_\_\_  
NAME PHONE NUMBER RELATIONSHIP TO STUDENT

**Family Doctor** \_\_\_\_\_ **Telephone Number** \_\_\_\_\_

In case of accident or illness, I request that the representative of the parish catechetical program contact me. If I am unable to be reached, I hereby authorize this representative to call the emergency contact person and/or the physician indicated and to follow the physician's instructions. If it is impossible to contact this physician, the representative of the parish catechetical program may make whatever arrangements seem necessary. I agree to assume the financial responsibility for any diagnosis, treatment, and/or medication deemed necessary. I understand that St. Catharine's does not provide transportation. They also do not provide supervision after the child leaves the building. If it is necessary that my child be taken from the building where catechetical sessions are held, I designate the person above as having the authority to do so in my place.

To the best of my knowledge all information given is accurate and complete. I hereby consent to, and authorize the necessary procedures that have been stated above.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

I give permission for my child to go on field trips. I release St. Catharine's Parish and individuals from liability in case of accident during activities related to St. Catharine's PREP, as long as normal safety procedures have been taken.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

\*\*\*\*\*

**PARENTAL PLEDGE**

In re-registering my child for the Saint Catharine's **Parish Religious Education Program**, I solemnly reaffirm my own, individual, faith commitment and promise that, with God's help, and to the best of my ability, I will continue to live that faith as an active and supportive member of the Saint Catharine's parish family.

As the first and primary educator of my child in the ways of faith, I promise to fully cooperate with the goals and objectives of the Parish Religious Education Program and welcome my child's priests, deacon, administrators and teachers as partners in my child's ongoing religious education.

In particular, I promise to emphasize to my child, by word and example, the importance of regular, Sunday Mass attendance by bringing my child to Mass with me in order that we may, together, worship and pray as active members of the St. Catharine's faith community.

Finally, as a registered, active parishioner of Saint Catharine's Parish, I promise to be faithful in using the parish envelope system as an outward, ongoing sign of my financial commitment to our parish, to whatever extent our family's financial means will allow.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Month / Day / Year

## PARENTAL PARTICIPATION

**It is expected that each family participate in some way during the year in the Religious Education Program. Many opportunities for your participation are included below. Please consider how you could be of some service to your child and the other children of our parish. Thank you.**

- **Teaching**

- Catechist (Teacher): which grades? \_\_\_\_\_
- Catechist's Assistant (assisting Catechists at weekly classes ) \_\_\_\_\_
- Work one-on-one with a child needing individual attention \_\_\_\_\_
- Hall Monitor during class time (specify day) Sunday Monday or Wednesday (circle one)

- **Fund Raising Committee** (check one or more)

- Pre-Super Bowl Dance, \_\_\_\_\_
- Fashion Show, \_\_\_\_\_
- candy and wreath sales, etc. \_\_\_\_\_
- Fundraising idea! \_\_\_\_\_

- **Class Parent (specify grade)** \_\_\_\_\_

- **Bake, set up and clean up**

- Christmas Pageant \_\_\_\_\_
- First Penance \_\_\_\_\_
- First Communion Lunch (between communion ceremonies) \_\_\_\_\_
- Confirmation (Bishop) Lunch (between Confirmation ceremonies) \_\_\_\_\_
- Father Daughter Dance \_\_\_\_\_
- Mother Son Event \_\_\_\_\_

- **Sewing Skills**

- Banners \_\_\_\_\_
- Communion Retreat \_\_\_\_\_

- Unfortunately I cannot physically help out during class hours, but please accept my **\$50** donation.

***GROWING TOGETHER - BUILDING A COMMUNITY OF FAITH WHERE WE FEEL LOVED AND RESPECTED***