



Cathedral of St. Catharine of Siena & St. Francis of Assisi Church
2025-2026 PARISH RELIGIOUS EDUCATION PROGRAM

NEW STUDENT REGISTRATION

Class Levels 1st – 8th

PREP MATERIALS FEE:

1 child \$90 / 2 children \$150 / 3 children \$200 /add \$50 for every child over 3 children

***Add \$30.00 Bible fee for students entering 4th Grade Level**

Material Fee \$ _____ Bible \$ _____ TOTAL \$ _____

PLEASE PROVIDE ALL REQUESTED INFORMATION BELOW:

Office Use Only

Rec'd _____

Ck.# _____

Amt. _____

Other _____

Grade _____

Family is Registered at: _____

Name of Church / City

Student Name _____

Last

First & Middle

Boy/Girl

Date of birth

Copy of Baptismal Certificate attached: Yes _____ No _____

Home Address _____

House number and Apt. / Street Name

City

State

Zip Code

Preferred Phone # _____ Emergency Phone # _____

Parent Email _____ Cell # _____

FULL NAME OF FATHER _____ **Living** _____ **Deceased** _____

Marital Status: Married _____ Separated _____ Divorced _____ Single _____ Remarried _____

Religion _____

_____ I speak only English. _____ I speak only Spanish. _____ I am bilingual in English and Spanish.

FULL NAME OF MOTHER _____ **Living** _____ **Deceased** _____

Marital Status: Married _____ Separated _____ Divorced _____ Single _____ Remarried _____

Religion: _____ **MAIDEN Name:** _____

_____ I speak only English. _____ I speak only Spanish. _____ I am bilingual in English and Spanish.

For JOINT CUSTODY arrangements, please provide the other parties information below:

Name _____

Address _____

Email _____

Office Use Only

*****PLEASE TURN OVER AND COMPLETE PAGE 2*****

PRIOR RELIGIOUS EDUCATION:

Has your child received any formal classroom religious education prior? Yes ____ No ____

If yes, where? _____

If yes, what was the last grade level competed? _____

Number of consecutive years has he/she attended? _____

SACAMENT INFORMATION:

Has your child been Baptized? No ____ Yes ____ _____

Date of Baptism

**Office use
only:**
Baptismal
Certificate
Provided?

YES ____

NO ____

Church of Baptism _____

Name of Church

Address

City/State/Zip Code

Has this child received 1st Penance?

No ____

Yes ____

Has this child received 1st Communion?

No ____

Yes ____

Has this child received Confirmation?

No ____

Yes ____

Where does your family attend weekly Mass? _____

Name of Church

2025-2026 Public/Charter School Information:

Name of School _____ District _____

Grade entering in FALL 2025: _____

➤ ***Does this child receive any educational/behavioral/emotional support in school?*** Yes ____ No ____

Please describe: _____

If yes, a copy of your child's IEP must be submitted to the Director of Religious Education.

➤ ***Does this child have allergies or other health problems that we should be aware of?*** Yes ____ No ____

Please describe: _____

PHOTOGRAPHY PERMISSION

I grant permission for my child to be photographed during PREP Masses/Events. Yes ____ No ____

➡ **Parent Signature** _____

CHILD PROTECTION CATECHESIS

I grant permission for my child to participate in the Diocese *Circle of Grace* Catechesis in Fall 2025.

Yes ____ No ____

➡ **Parent Signature** _____

Date _____

