



Cathedral of St. Catharine of Siena & St. Francis of Assisi Church
2026-2027 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 \$35.00 Bible fee for students entering 4th Grade Level

Material Fee \$ Bible \$ TOTAL \$

Office Use Only
Rec'd
Ck.#
Amt.
Other
Grade

PLEASE PROVIDE ALL REQUESTED INFORMATION BELOW:

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 with the information below:

Name
Address
Email

Office Use Only

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? _____

Office use only:
Baptismal Certificate Provided?
YES ____
NO ____

SACAMENT INFORMATION:

Has your child been Baptized? No ____ Yes ____ _____

Date of Baptism

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

2026-2027 Public/Charter School Information:

Name of School _____ District _____

Grade entering in FALL 2026: _____

➤ *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 2026.

Yes ____ No ____

➡ **Parent Signature** _____

Date _____

