



Cathedral of St. Catharine of Siena & St. Francis of Assisi Church
2026-2027 PARISH RELIGIOUS EDUCATION PROGRAM

RETURNING STUDENT REGISTRATION

Class Levels 2nd – 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 DUE \$** _____

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 information below:

Name _____

Address _____

Email _____

Office Use Only

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

Please describe: _____

➤ ***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 _____

