



St. Catherine of Siena Catholic Church

Office of Religious Education

1020 Springvale Road (703) 759-3530
 Great Falls, Virginia 22066 stcatherinesreoffice@gmail.com

High School /Homeschooled/Catholic School Students

Religious Education Registration Form School Year: 2020-2021

Confirmation I (7th grade) Confirmation II (8th grade)

High School Homeschooled Catholic School

Name of the Catholic School: _____

<u>Family Information</u>	
Family Last Name _____	Registered Parishioner * _____ yes _____ no
Registered in which parish? (if not a parishioner at St. Catherine of Siena)* _____	
Address _____	Primary Phone _____
City _____ State _____ Zip _____	Parent Emails for correspondence _____ (Please list more than one, if helpful. No children's emails please.)

*CCD enrollment is restricted to members of the Parish, with exceptions (under extraordinary circumstances) approved by the Pastor. Those who reside within parish boundaries -whether or not registered with the Parish- determines true "member of the Parish" status. For those outside Parish boundaries, registration with the approval of the Pastor is also a means of becoming a recognized parishioner.

<u>Father's Information</u>	<u>Mother's Information</u>
Last Name _____	Last Name _____
First Name _____	First Name _____
Phone _____ Text __yes__no	Phone _____ Text __yes__no
Religion _____	Religion _____

<u>Emergency Contact Information</u> (If parents cannot be contacted)	
First/Last Name _____	Home or Work Phone _____
Relationship to Child _____	Cell Phone _____

1. Child's Full Name as reflected on Birth Certificate _____
Sex ____ Birthdate _____ School Attending: _____ Grade _____
Religious Instruction Last Year: ____ St. Catherine of Siena ____ Homeschool ____ Catholic School ____ Other parish ____ Did not receive
Check Sacraments Received: _____ Baptism _____ First Penance _____ First Holy Communion _____ Confirmation
Allergies: __yes__no If yes, please explain _____

2. Child's Full Name as reflected on Birth Certificate

Sex ____ Birthdate _____ School Attending: _____ Grade _____

Religious Instruction Last Year: ____ St. Catherine of Siena ____ Homeschool ____ Catholic School ____ Other parish ____ Did not receive

Check Sacraments Received: _____ Baptism _____ First Penance _____ First Holy Communion _____ Confirmation

Allergies: __yes __no If yes, please explain _____

3. Child's Full Name as reflected on Birth Certificate

Sex ____ Birthdate _____ School Attending: _____ Grade _____

Religious Instruction Last Year: ____ St. Catherine of Siena ____ Homeschool ____ Catholic School ____ Other parish ____ Did not receive

Check Sacraments Received: _____ Baptism _____ First Penance _____ First Holy Communion _____ Confirmation

Allergies: __yes __no If yes, please explain _____

4. Child's Full Name as reflected on Birth Certificate

Sex ____ Birthdate _____ School Attending: _____ Grade _____

Religious Instruction Last Year: ____ St. Catherine of Siena ____ Homeschool ____ Catholic School ____ Other parish ____ Did not receive

Check Sacraments Received: _____ Baptism _____ First Penance _____ First Holy Communion _____ Confirmation

Allergies: __yes __no If yes, please explain _____

***Class for High School
Monday 5-6:15 or 6:30-7:45 p.m.***

***Theology of the Body – TBD
Apologetics – TBD
Scripture for Teens – TBD***

Note: You may register your teen for one or more sessions.

Name of Child	Class	Time Preference
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

***No charge for high school students, but registration required. A book fee will be collected at the beginning of the session.**

