SAINT KATERI TEKAKWITHA
Religious Education Program Registration (K-12)

Please bring a copy of your child's Baptism certificate unless he or she was baptized at Barona, Viejas or Sycuan.

Family Name _____ Date _____

Address _____
(Street) (City & State) (Zip)

Father's Name _____ Mother's Name _____

Home Phone _____ Work Phone _____Cell Phone_____

Email:

SACRAMENTAL INFORMATION

Please mark Yes or No:

	Child's full Name	Age	Grade	School	Bap.	Pen.	Com.	Conf.
Child								
Child								
Child								
Child								

For our records, please answer the following questions:

1. Could you offer your time in helping with our Religious Education program? Yes____ No____

2. Do you know of anyone who would like to become a Catholic? Yes___ No____