

St. Catherine of Siena
1023 Parker Street
Springfield MA 01129
FAITH FORMATION REGISTRATION

Family Information

Envelope #: _____

Name: _____ Mother's maiden name: _____

Street: _____

City/State/Zip: _____

Phone#: _____ (Unlisted Y/N) Cell Phone#: _____

Email address: _____

Family member will volunteer: (Y/N) _____

**If you are new to the Parish and your children have not received the Sacraments of Baptism and First Communion at St. Catherine's, copies of these certificates are needed. **

<p>Grade: _____</p> <table style="width: 100%; border-collapse: collapse;"><tr><td style="width: 30%;">First Name</td><td style="width: 10%;">MI</td><td style="width: 60%;">Last Name</td></tr><tr><td colspan="3"><hr/></td></tr></table> <p>Date of Birth: _____</p> <p>Baptism Month/Year: _____ Parish/City: _____</p> <p>First Communion Month/Year: _____ Parish/City: _____</p> <p>Special Needs/Allergies: _____</p> <p>School Attending: _____ Grade: _____</p> <p>Previous Religious Education: _____ Grade Completed: _____</p>	First Name	MI	Last Name	<hr/>			<p>Emergency Contact Information:</p> <p>Name: _____</p> <p>Phone #: _____</p> <p>Relationship _____</p> <p>2nd Contact</p> <p>Name: _____</p> <p>Phone # _____</p> <p>Relationship _____</p>
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<hr/>							
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Fees: \$50 per family