



**St. Catherine of Siena Parish**  
**RELIGIOUS EDUCATION PROGRAM**  
**Grades Primary to Nine**

**2018-2019 Registration Form**

Child: 1) Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_

Date of Baptism \_\_\_\_\_ Place of Baptism \_\_\_\_\_

2) Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_

Date of Baptism \_\_\_\_\_ Place of Baptism \_\_\_\_\_

3) Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_

Date of Baptism \_\_\_\_\_ Place of Baptism \_\_\_\_\_

4) Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_

Date of Baptism \_\_\_\_\_ Place of Baptism \_\_\_\_\_

Parent(s)/Guardian(s): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone(s): \_\_\_\_\_

Please note: The program provides for weekly emails home to be interactive with our students. Please provide an appropriate email address for this purpose.

E-Mail: \_\_\_\_\_

This form may be dropped into the collection basket or delivered to the office:  
6466 Bayers Road, Halifax, NS B3L 2B1

**PERMISSION**

I give my permission for my above-named child(ren) to attend the Religious Education Program of St. Catherine of Siena Parish.

\_\_\_\_\_  
Signature of Parent or Guardian

Date: \_\_\_\_\_