



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

2017-18 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: _____