

St. Catherine of Siena Religious Education
220 Shelton Road
Trumbull, CT 06611-5161
Phone: 203-377-3133, ext. 22
2008-2009 Registration

Please complete the following and return to the Religious Education Office along with your payment in full or \$100 deposit no later than July 25, 2008.

Family Name _____

Father's Name _____ Mother's Name _____

Home Phone _____ Cell Phone _____ Work phone _____

Email address _____

Address _____
 (# Street) (Town) (Zip)

Emergency Name and Phone _____
 (Person to call during class time other than parent)

Tuition: 1 child - \$170, 2 children - \$270, 3 or more children - \$345

Please enclose a copy of your child's Baptismal Certificate. Please indicate your 1st and 2nd session choice.

- Sunday 9:15-10:15 Grades K-6**
 Tuesday 4:30-5:30 Grades 1-6 **Tuesday 6:15-7:30 (Grades 7-8)**
 Wednesday 4:30-5:30 Grades 1-6
 Thursday 4:30-5:30 Grades 1-6

Child's Name	Name of School	Grade	*Allergies/Special Needs	Doctors Name & phone #

*Please specify: Physical? Emotional? Behavioral? Custodial? Learning? Allergies? Social? Disabilities? Other? If "Yes" please explain. All information will be treated confidentially. Should you not wish to write information, please indicate if you would like to be contacted directly by the parish Director of Religious Education.

Comments: _____

Are you interested in teaching in our program (catechist or aide)? Persons must be 18 yrs or older and complete abuse awareness training. If yes, we will contact you in August.

Yes _____ No _____

Name _____ Grade Preference _____

For Office Use Only

Amount Due _____

Amount Received _____ Check # _____ or Cash _____

Balance Due _____