



St. Catherine RE & Youth Group Registration 2025-2026

If you are new to St. Catherine's, please stop by the parish office and fill out a new family registration as well.

Family Last Name	Home Phone Number								
Street Address	City								
Father's Email	Mother's Email								
<table border="0" style="width: 100%;"> <tr> <td style="width: 60%;">Father's Name</td> <td style="width: 40%;">Cell #</td> </tr> <tr> <td style="border-bottom: 1px solid black;"></td> <td style="border-bottom: 1px solid black;"></td> </tr> </table>	Father's Name	Cell #			<table border="0" style="width: 100%;"> <tr> <td style="width: 60%;">Mother's Name</td> <td style="width: 40%;">Cell #</td> </tr> <tr> <td style="border-bottom: 1px solid black;"></td> <td style="border-bottom: 1px solid black;"></td> </tr> </table>	Mother's Name	Cell #		
Father's Name	Cell #								
Mother's Name	Cell #								

First & Last Name	Birthdate	Gender		Grade	Sacraments Received (circle)				Registration (Circle One)	
		M	F		Baptism	Reconciliation	Confirmation	Eucharist	RE	Youth Group
_____	_____			_____						
_____	_____			_____						
_____	_____			_____						
_____	_____			_____						
_____	_____			_____						
_____	_____			_____						

Please indicate if your child has any special needs, allergies, or illnesses: _____

All **Kindergarten - 8th Grade** students will meet weekly on **Wednesdays from 6:30-7:30 pm**.

2nd grade students will be preparing for their First Reconciliation. **Parent meetings will be required.**

3rd grade students will be preparing for Confirmation and First Holy Communion. **Parent meetings will be required.**

Youth Group (Grades 9-12) will meet weekly on **Wednesdays from 7:00-8:00 pm** in the parish social hall.

Fees

1 student = \$50 each
 2 or more students = \$100 total
 Total: \$ _____

Please make checks payable to:
 "St. Catherine Parish".

For Office Use Only

Date Registered: _____
 Date Paid: _____
 Amount Paid: _____
 Check/Cash Check #:

(Over)

Photo/Video Release Form for 2025-2026 School Year

I hereby give permission for my child(ren), stated below, to be photographed and/or videotaped during St. Catherine's Religious Education and Youth Group classes. The photos and/or videos may be used for educational or informational purposes regarding the programs or curriculum at St. Catherine's.

Name _____ Grade _____

Parent/Guardian Signature: _____ Date: _____

Preferred Contact

Throughout the year, there will be contact made with parents/guardians regarding calendar updates and important meetings. Most of that contact will be made through email. In the case of a class cancelation, would you prefer to be contacted through email or text? **Please circle ONE.**

EMAIL Email: _____

OR

TEXT Phone Number: _____

Texting Permission Form

My child has permission to correspond with their catechist or the DRE through text messages about religious education and youth group related activities.

Parent/Guardian Signature: _____ Date: _____

Student Name: _____ Cell Number _____

Student Name: _____ Cell Number _____

Student Name: _____ Cell Number _____