

St. Katharine Drexel Catholic Church

Religious Education Registration 2024-2025

Check Class Format (Sept-May):

In-Person (Sunday) ___ Monthly (First Saturday) ___
Homeschool/Independent Study ___ OCIA ___

FAMILY INFORMATION

Family Last Name: _____

Date: _____

Father's Name: _____

Father's Cell / Work: _____

Mother's Name: _____

Mother's Cell / Work: _____

Mother's Maiden: _____

EMAIL: _____

Home Phone: _____

Emergency Contact: _____

Home Address: _____

Emergency Phone: _____

City, ST Postal: _____

Are both Parents Catholic? Yes/ No

STUDENT #1 INFORMATION

Child Name: _____

Catholic? Yes / No

Gender: Male Female

Sacrament Details Check & Date All Below

Birth Date: _____

Baptism _____

Grade: _____

Reconciliation Prep _____

Session: _____

Eucharist _____

Class: _____

Confirmation _____

Special Needs (Medical, Learning Disabilities, Physical Disabilities, etc): _____

STUDENT #2 INFORMATION

Child Name: _____

Catholic? Yes / No

Gender: Male Female

Sacrament Details Check & Date All Below

Birth Date: _____

Baptism _____

Grade: _____

Reconciliation Prep _____

Session: _____

Eucharist _____

Class: _____

Confirmation _____

Special Needs (Medical, Learning Disabilities, Physical Disabilities, etc): _____

NOTE: If any of your children were baptized outside of this parish, and you have not already provided a copy of each child's baptismal record, you will need to submit a copy for our files.

Tuition DUE: \$ _____ Tuition PAID: \$ _____ Signature: _____

STUDENT #3 INFORMATION

Child Name: _____

Catholic? Yes / No

Gender: Male Female

Sacrament Details Check & Date All Below

Birth Date: _____

Baptism _____

Grade: _____

Reconciliation Prep _____

Session: _____

Eucharist _____

Class: _____

Confirmation _____

Special Needs (Medical, Learning Disabilities, Physical Disabilities, etc): _____

STUDENT #4 INFORMATION

Child Name: _____

Catholic? Yes / No

Gender: Male Female

Sacrament Details Check & Date All Below

Birth Date: _____

Baptism _____

Grade: _____

Reconciliation Prep _____

Session: _____

Eucharist _____

Class: _____

Confirmation _____

Special Needs (Medical, Learning Disabilities, Physical Disabilities, etc): _____

STUDENT #5 INFORMATION

Child Name: _____

Catholic? Yes / No

Gender: Male Female

Sacrament Details Check & Date All Below

Birth Date: _____

Baptism _____

Grade: _____

Reconciliation Prep _____

Session: _____

Eucharist _____

Class: _____

Confirmation _____

Special Needs (Medical, Learning Disabilities, Physical Disabilities, etc): _____

NOTE: If any of your children were baptized outside of this parish, and you have not already provided a copy of each child's baptismal record, you will need to submit a copy for our files.

Tuition DUE: \$ _____ Tuition PAID: \$ _____ Signature: _____