

**Registration form 2023-2024**  
**St. Catherine of Alexandria**

Religious Education Office  
10600 S Karlov Ave.  
Oak Lawn, IL 60453

(708)423-5747  
tward@scaoaklawn.org

Amt. Paid: \_\_\_\_\_  
Date: \_\_\_\_\_  
Check #: \_\_\_\_\_

Family Name: \_\_\_\_\_ Envelope ID: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Please check this box if your family is NEW to our program this year. We will ask you to bring in an original version of both a **birth certificate** and **baptismal certificate** for each child. *We will make a copy and return the originals to you.*

**Family Information**

**FATHER**

Last: \_\_\_\_\_ First: \_\_\_\_\_ Religion: \_\_\_\_\_

**MOTHER**

Last: \_\_\_\_\_ Maiden: \_\_\_\_\_ First: \_\_\_\_\_ Religion: \_\_\_\_\_

Marital Status:  Married  Divorced  Separated  Widowed  Single

Children live with:  Parents  Mother  Father  Other \_\_\_\_\_

**Please check the best method for contacting you:**

Home Phone: (\_\_\_\_\_) \_\_\_\_\_  Mom Cell: (\_\_\_\_\_) \_\_\_\_\_  Dad Cell: (\_\_\_\_\_) \_\_\_\_\_

Father's Work Number: (\_\_\_\_\_) \_\_\_\_\_  Mother's Work Number: (\_\_\_\_\_) \_\_\_\_\_

Contact Email Address\*: \_\_\_\_\_

\*This address will only be used for reminders for upcoming religious education meetings for you and your children. It will NOT be available to groups outside our program.

**If Parent's have separate addresses, please fill out this section:**

Mother's Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Father's Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

**In Case of Emergency, when parent's can't be reached, we should contact: (someone other than Parent)**

Name: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Family Name: \_\_\_\_\_ Envelope ID: \_\_\_\_\_

Church of previous Religious Education, if other than St. Catherine: \_\_\_\_\_

**Please list all children who will be attending our Religious Education Program**

Name	DOB	Present Grade	Public School	Baptized Church/Date	Reconciliation Church/Date	Eucharist Church/Date	Confirmation Church/Date

Do any of your children receive special support in School? If so, please list names and details. Please include a copy of his/her IEP.

Are any adults in your family in need of preparation for a sacrament, such as Eucharist or Confirmation?  Yes  No

If yes, please provide Name: \_\_\_\_\_ Sacrament(s): \_\_\_\_\_

Name: \_\_\_\_\_ Sacrament(s): \_\_\_\_\_

Registration in the Religious Education Program at St. Catherine of Alexandria includes permission to publish any photos taken during Religious Education courses. Revocation must be submitted in writing.

I/we hereby request that the above children be allowed to participate in the St. Catherine of Alexandria Religious Education Program and all its activities (i.e. retreats and liturgical services).