

St. Catherine of Alexandria Family Catechesis Registration - 2021

Parents/Guardians Full Name/s: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone numbers: _____

Family Email address: _____

Child's name: _____

Date of Birth: ___/___/___ Grade: _____

Check the box of the Sacrament the child has received:

Baptism

1st Reconciliation

1st Communion

Parish Location of Baptism: _____

Child's name: _____

Date of Birth: ___/___/___ Grade: _____

Check the box of the Sacrament the child has received:

Baptism

1st Reconciliation

1st Communion

Parish Location of Baptism: _____

Child's name: _____

Date of Birth: ___/___/___ Grade: _____

Check the box of the Sacrament the child has received:

Baptism

1st Reconciliation

1st Communion

Parish Location of Baptism: _____

Child's name: _____

Date of Birth: ___/___/___ Grade: _____

Check the box of the Sacrament the child has received:

Baptism

1st Reconciliation

1st Communion

Parish Location of Baptism: _____

Is anyone in the family missing any sacraments? If so, Please explain.

Please return to church office mail slot or Sr. Maria Cordis, library@saint-catherine.org