



2017-2018 School Year Student Profile – Grades Pre-K (age 4) and K

Student Information:

Student Last Name: _____ Student First Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ School: _____ Grade in Fall of 2017: _____

Date of Birth: _____ Special Medical Concerns: _____

Church of Baptism: _____ Date of Baptism: _____
(Required)

Location of Church (city and state) of Baptism: (Required) _____

Is there a child your child would like to be in class with? (Name): _____

Mother's Information

Name: _____

Maiden Name: _____
(needed to research baptism)

Cell: _____

Father's Information

Name: _____

Cell: _____

_____ would like to be a catechist for grade ____.

(Parent's name:)

Email: * _____

*Please provide at least ONE email address as **all** correspondence happens through email.

Sibling(s) names and grades: _____

Candid pictures without identifying names are sometimes used in parish publications and on our websites. If you DO NOT grant such permission, please check the box below before signing.

Parent Signature: _____ I do not grant permission for my child's image to be used in publications.

Class Choice

Sundays, 10:15-11:00 a.m.

Tuition: \$50 per child

Financial Aid Available (if needed). Please contact Leah at ymindirector@gmail.com

Please return form as soon as possible but not later than 7/15/17.

Please mail this form along with a check made payable to **St. Catherine of Siena** to:
Leah Ramsdell
St. Catherine Parish
547 Washington Street
Norwood, MA 02062

CREDIT CARD AUTHORIZATION

Visa ___ Master Card ___ Discover ___ American Express ___

Card # _____

Exp. Date _____ Card Security Code: _____

Signature: _____

of children enrolling: _____ Total to be charged to card: _____