

***CONNECT*THE*TOTS* REGISTRATION**



Date: _____

Attending Parent or Guardian: _____
(Last) (First)

1. Child's Name: _____ M ___ F ___
(Last) (First)

Child's Date of Birth _____ / _____ / _____
Month Day Year

2. Child's Name: _____ M ___ F ___
(Last) (First)

Child's Date of Birth _____ / _____ / _____
Month Day Year

3. Child's Name: _____ M ___ F ___
(Last) (First)

Child's Date of Birth _____ / _____ / _____
Month Day Year

Family Address _____ **Town** _____ **Zip** _____

Home Phone _____ **E-mail*** _____

(Email is our primary form of communication)

Siblings' Names and Grades _____

IMPORTANT: Please list your child's allergies and explain any health or learning issues that pertain to your child/ren. (All information is confidential.)

Father's Last Name Father's First Name Father's Cell Phone #

Mother's Last Name Mother's First Name Mother's Cell Phone #

Emergency Contact (if needed) Emergency Home Phone # Emergency Cell Phone #

FEE: \$30.00 per family per year. Please make check payable to St. Catherine of Siena Parish. If this fee provides a hardship for you, please let us know.

PHOTOS: Please sign here if you DO NOT want to give permission for your child's picture to be used in parish publications.

SIGNATURE: _____

For office use only: Check: _____ **Cash:** _____
(Amount & Check #) (Amount }