



# 2018-2019 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 2018: \_\_\_\_\_

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](mailto:ymindirector@gmail.com)

**Please return form as soon as possible but not later than 8/1/2018.**

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: \_\_\_\_\_