



ST. CATHERINE LABOURE, PARISH RELIGIOUS EDUCATION PROGRAM REGISTRATION 2017-2018

Family Name _____ **Email address:** _____
Email is preferred to communicate

Home Address _____ Date: _____

City _____ State _____ Zip _____

Other address where correspondence should be mailed- if any: Name: _____

Address _____ Relationship to child: _____

City _____ State _____ Zip _____

Mother's Name _____ Father's Name _____

Mother's *Maiden* Name _____

Religion: of Mother: _____ **Religion:** of Father: _____

HOME Phone: Mother's _____ **HOME Phone:** Father's _____

WORK Phones: Mother's _____ Father's _____

CELL Phones: Mother's _____ Father's _____

Child(ren) lives with (please circle where applicable): Father and Mother _____ Mother _____ Father _____
Grandparent _____ Guardian/Other (please list) _____

*** If new to the program, please attach a copy of Baptism certificate(s).

1} Child's Full Name: _____

Nickname, if any: _____ Birth Date: _____ Gender: ___ F ___ M

School: _____ Birth Place: _____

School Grade: _____ R.E. Grade in Fall: _____ Number of years of Religious Education _____

Health Issues/ Allergies / Specials Needs (so we can better support him/her): _____

Sacraments Received and Dates: Baptism: () No () Yes – month/year _____

First Communion: () No () Yes – month/year _____ Confirmation: () No () Yes – month/year _____

2} Child's Full Name: _____

Nickname, if any: _____ Birth Date: _____ Gender: ___ F ___ M

School _____ Birth Place: _____

School Grade: _____ R.E. Grade in Fall: _____ Number of years of Religious Education _____

Health Issues/ Allergies / Specials Needs (so we can better support him/her): _____

Sacraments Received and Dates: Baptism: () No () Yes – month/year _____

First Communion: () No () Yes – month/year _____ Confirmation: () No () Yes – month/year _____

3} **Child's Full Name:** _____

Nickname, if any: _____ Birth Date: _____ Gender: __ F __ M

School: _____ Birth Place: _____

School Grade: _____ R.E. Grade in Fall: _____ Number of years of Religious Education _____

Health Issues/ Allergies / Specials Needs (so we can better support him/her): _____

Sacraments Received and Dates: Baptism: () No () Yes – month/year _____

First Communion: () No () Yes – month/year _____ Confirmation: () No () Yes – month/year _____

4} **Child's Full Name:** _____

Nickname, if any: _____ Birth Date: _____ Gender: __ F __ M

School: _____ Birth Place: _____

School Grade: _____ R.E. Grade in Fall: _____ Number of years of Religious Education _____

Health Issues/ Allergies / Specials Needs (so we can better support him/her): _____

Sacraments Received and Dates: Baptism: () No () Yes – month/year _____

First Communion: () No () Yes – month/year _____ Confirmation: () No () Yes – month/year _____

Please consider VOLUNTEERING this year. It's a way to put your faith into action, to thank God for this parish, to provide an example for your children... in addition to being a great way to get to know other families and have fun!

Name _____ Preferred Phone or email _____

ONGOING Opportunities

ONE TIME Events

() Religious Education Catechist

() First Communion and First Penance Receptions (1st Grade)

() Classroom Aide

() First Communion Retreat (2nd Grade)

() Substitute Teacher, as needed

() Confirmation Retreat (8th Grade)

() Hall Monitor, once a month

() Confirmation Reception (7th Grade)

() Organization (supply closets, etc)

() Special Events

Did we mention volunteers receive training, support and a LOT of appreciation?! Sign up above or contact Jo Ellen for more information: 564-1321 or jfrist@sclhbg.org.

Clearances are required for anyone 18+ to work with youth. The parish helps with this process, but it does take time.

Return form to: Joan Ellen Frist, Saint Catherine Labouré Parish, 4000 Derry St., Harrisburg, PA 17111
-or- electronically to jfrist@sclhbg.org