

Youth Catechetical Registration

Parent / Guardian

The information listed below will be used to contact you.

	Last Name	First Name	Religion	Maiden Name
Father	_____	_____	_____	_____
Mother	_____	_____	_____	_____
email ¹	_____		²	_____
phone ¹	_____		²	_____
address	_____			

Student(s)

2024-25 School Year

Grade	Last Name	First Name	School	Health Concerns
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Permissions

Please sign below indicating your agreement to the following:

- DATA** The above information is accurate to the best of my knowledge.
- POLICIES** I have read and will abide by the the Youth Catechetical Programs policies.
- SAFETY** Every PSR student will receive annual personal safety training appropriate for their grade unless a written objection is received from the parent or legal guardian.
- PHOTO** Student photographs & names will be used in the paper, on the internet or where appropriate unless a written objection is received from the parent or legal guardian.
- EMER-GENCY** I authorize the responsible person at St. Cecilia's Family Life Center to transport my child to the nearest hospital emergency room in emergencies requiring immediate medical attention.

_____	_____
Parent / Guardian Signature	Date

Fees

Scholarships are available for those in financial need.

_____	PSR Fee	\$45 - 1 child \$80 - 2 children \$ 100 - 3 or more children
_____	Sacramental Class Fee	\$15 - Reconciliation \$30 - Confirmation & Eucharist \$15 - Confirmation

<input style="width: 100%;" type="text"/>	Please make checks payable to: St. Cecilia Church
total due	

for office use only:

\$ amt pd: _____ date pd: _____ init: _____ cash or check #: _____