

Parishioner:
Yes ___ No ___

ST. CATHERINE OF SIENA SCHOOL
39 E. Bradford Avenue, Cedar Grove, NJ 07009

Office Use Only:
Registration Fee _____
Birth Certificate _____
Baptismal Cert. _____
Immunization Rec. _____
Meets Trans. Reg. _____

Grade Entering _____
Date Entering _____

REGISTRATION FORM
Grades 1 - 8

Child's Name _____
(Last) (First) (M.I.)

Date of Birth _____ Male _____ Female _____

Address _____
(Street) (City) (Zip) Place of Birth

Family Name (if different from child) _____

Phone # _____ (unlisted) _____ Emergency # _____

Father's Name _____ Religion _____ Occupation _____

Father's Address (if different from child) _____

Mother's Name _____ Religion _____ Occupation _____
(First) (Maiden)

Mother's Address (if different from child) _____

Father's Place of Birth _____ Mother's Place of Birth _____

Married _____ Single _____ Divorced _____ Language Spoken In Home _____

Transferred From _____
(Name of School) (City/State)

Date & Place of Baptism _____
(Date) (Name of Church) (City/State)

Date & Place of 1st Communion _____
(Date) (Name of Church) (City/State)

Date & Place of 1st Penance _____
(Date) (Name of Church) (City/State)

List Brothers & Sisters (starting with oldest):

First Last Sex Age School Now Attending

Signature _____ Date _____