

**Saint Katharine Drexel Parish**  
**1 Peter Dr.**  
**Mechanicsburg, PA 17055**  
**Phone: 717.697.8716**



**Religious Education**  
**Registration Form**  
**School Year 2023 - 2024**

**Faith Formation for the 2023-2024 school year will be held on Sundays. The Faith Formation schedule for the 2023-2024 year will be sent out by July 1, 2023.**

**Contact Information**

Father's Name: \_\_\_\_\_ Religion: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Religion: \_\_\_\_\_

Legal Guardian's Name: \_\_\_\_\_

To whom should communications be sent: \_\_\_\_\_  
Name Relation to Student

Home Address: \_\_\_\_\_

Email 1: \_\_\_\_\_ Description: \_\_\_\_\_

Email 2: \_\_\_\_\_ Description: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone(s): \_\_\_\_\_ / \_\_\_\_\_

Emergency Contact & Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Is the family a registered member of Saint Katharine Drexel Parish?  Yes  No

If no, with what parish are you registered? \_\_\_\_\_

**Student #1 Info**

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

School: \_\_\_\_\_ Grade in Fall: \_\_\_\_\_

Medical/Behavioral Concerns: \_\_\_\_\_

Check if new to our program: Name of previous program: \_\_\_\_\_

Please include a copy of his/her Baptismal Certificate as well as a list of all Sacraments s/he has received  
(sacrament, date, church, city, state).

**Student #2 Info**

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

School: \_\_\_\_\_ Grade in Fall: \_\_\_\_\_

Medical/Behavioral Concerns: \_\_\_\_\_

Check if new to our program: Name of previous program: \_\_\_\_\_

Please include a copy of his/her Baptismal Certificate as well as a list of all Sacraments s/he has received  
(sacrament, date, church, city, state).

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**Student #3 Info**

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

School: \_\_\_\_\_ Grade in Fall: \_\_\_\_\_

Medical/Behavioral Concerns: \_\_\_\_\_

 Check if new to our program: Name of previous program: \_\_\_\_\_

Please include a copy of his/her Baptismal Certificate as well as a list of all Sacraments s/he has received (sacrament, date, church, city, state).

**Student #4 Info**

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

School: \_\_\_\_\_ Grade in Fall: \_\_\_\_\_

Medical/Behavioral Concerns: \_\_\_\_\_

 Check if new to our program: Name of previous program: \_\_\_\_\_

Please include a copy of his/her Baptismal Certificate as well as a list of all Sacraments s/he has received (sacrament, date, church, city, state).

**Permission, Verification, and Fees** I give my permission for my child's picture to be used on the parish website or other social media and publications. I have read the Religious Education handbook and agree to the requirements of the program.  
(The Religious Education handbook can be found at [www.skdparish.com](http://www.skdparish.com) under Religious Education.) I hereby verify that the above information is accurate to the best of my knowledge.\_\_\_\_\_  
Parent/Guardian Name\_\_\_\_\_  
Parent/Guardian Signature\_\_\_\_\_  
Date

Class Fees cover books and other Religious Education Material. Sacramental fees are in addition to Class Fees and cover additional materials needed for sacramental preparation, including retreats.

**Class Fees** One Child (\$100)       Two Children (\$125)       Three of more Children (\$150)**Sacramental Fees** First Communion (\$25 additional)       Confirmation (\$50 additional)**Late Fees** (for registrations received after **June 30, 2023**) (\$50 additional)**Total Fees Due:** \_\_\_\_\_**Notes**ξ Fees must be ***paid by check*** and returned to the Religious Education office by **June 30, 2023** to be considered on time. Your cleared check is your receipt. All checks should be made out to St. Katharine Drexel Parish. Please put Religious Ed in the memo line.

ξ Late fees will be waived for families new to our program for the current catechetical year.

ξ Out of fairness to all families, we cannot place your child(ren) in a classroom until all fees are paid in full. In cases of financial hardship, please contact Father Smith via email [ksmith@skdparish.com](mailto:ksmith@skdparish.com). All information discussed is held in the strictest confidence.**\*\*\* For Office Use \*\*\***

Date Received: \_\_\_\_\_ Class Fees: \_\_\_\_\_ Sacramental Fees: \_\_\_\_\_ Total Owed: \_\_\_\_\_

Amount Paid: \_\_\_\_\_ Check # \_\_\_\_\_ Other Notes: \_\_\_\_\_