

Saint Catherine of Genoa Catholic Church

340 S. Stott St. | Genoa, IL 60135 | 815-784-2355 | Office@StCatherineGenoa.org
Religious Education Director: Fr. Trowbridge, STL

Academic Year: 2025 - 2026

RE Programs:

(1) Family Faith Formation:
Kindergarten - Sixth Grade

(2) First Communion:
Second Grade Students

(3) Confirmation Year 1 & 2:
Seventh & Eighth grade

(4) Special Sacrament Preparation
(1st Communion & Confirmation): Any age



Family Information: _____
(First and Last Name for Mother & Father / Nombre y Apellido de las Padres)

Address: _____

Preferred email _____ @ _____

Language spoken at home: _____ **Are child(ren) bilingual?** yes/no

Preferred Phone Number: (____) - ____ - _____ Can SCG text you? Yes ___ / No ___
(Select one)

Emergency Contact: _____ (____) _____ - _____

Child 1 Name: _____

- Birth Date: ____ / ____ / _____
- Grade in School: _____
- Baptism: Month ____ Year _____
 - Church _____
 - City & State _____
- Holy Communion:
 - Need 1st Communion? (Y/N) _____
 - Year Received: _____
 - Church _____

Child 3 Name: _____

- Birth Date: ____ / ____ / _____
- Grade in School: _____
- Baptism: Month ____ Year _____
 - Church _____
 - City & State _____
- Holy Communion:
 - Need 1st Communion? (Y/N) _____
 - Year Received: _____
 - Church _____

Child 2 Name: _____

- Birth Date: ____ / ____ / _____
- Grade in School: _____
- Baptism: Month ____ Year _____
 - Church _____
 - City & State _____
- Holy Communion:
 - Need 1st Communion? (Y/N) _____
 - Year Received: _____
 - Church _____

I agree to read and follow the policies and procedures in the SCG RE Handbook? (Y/N) _____

Parent Signature

(date signed)

St. Catherine of Genoa, pray for us!

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Child 4 Name: _____

- Birth Date: ___ / ___ / _____
- Grade in School: _____
- Baptism: Month ___ Year _____
 - Church _____
 - City & State _____
- Holy Communion:
 - Need 1st Communion? (Y/N) _____
 - Year Received: _____
 - Church _____

Child 7 Name: _____

- Birth Date: ___ / ___ / _____
- Grade in School: _____
- Baptism: Month ___ Year _____
 - Church _____
 - City & State _____
- Holy Communion:
 - Need 1st Communion? (Y/N) _____
 - Year Received: _____
 - Church _____

Child 5 Name: _____

- Birth Date: ___ / ___ / _____
- Grade in School: _____
- Baptism: Month ___ Year _____
 - Church _____
 - City & State _____
- Holy Communion:
 - Need 1st Communion? (Y/N) _____
 - Year Received: _____
 - Church _____

Child 8 Name: _____

- Birth Date: ___ / ___ / _____
- Grade in School: _____
- Baptism: Month ___ Year _____
 - Church _____
 - City & State _____
- Holy Communion:
 - Need 1st Communion? (Y/N) _____
 - Year Received: _____
 - Church _____

Child 6 Name: _____

- Birth Date: ___ / ___ / _____
- Grade in School: _____
- Baptism: Month ___ Year _____
 - Church _____
 - City & State _____
- Holy Communion:
 - Need 1st Communion? (Y/N) _____
 - Year Received: _____
 - Church _____

Child 9 Name: _____

- Birth Date: ___ / ___ / _____
- Grade in School: _____
- Baptism: Month ___ Year _____
 - Church _____
 - City & State _____
- Holy Communion:
 - Need 1st Communion? (Y/N) _____
 - Year Received: _____
 - Church _____

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