



Diocese of Covington

REGISTRATION FORM RELIGION TEACHER CERTIFICATION COURSES

Name _____ Name of school/parish _____

Parish catechist (CCD, PSR) _____ School religion teacher _____ Deaconate formation _____

RCIA _____ Taking the course for adult faith formation, not for certification _____
(Please check one of the above)

Home Address _____

City _____ State _____ Zip Code _____

Email (*Preferred*) or Daytime Phone _____

Course	Location and Month	For Certification, Maintenance, Adult Faith Formation, or Diaconate Formation?

Please enclose **\$35.00 per course** with completed registration form and mail to:
Dept. of Catechesis & Formation, Diocese of Covington, 1125 Madison Avenue, Covington, KY 41011-3115