

Religious Education Registration 2019-2020 for Grades 1-10

Child(ren)'s Last Name _____ Parent(s) _____

Address _____ Address #2 (if nec) _____

City _____ St _____ Zip _____ City _____ St _____ Zip _____

Religion _____ Registered at _____ Church _____

Child(ren) reside(s) with: Mother _____ Father _____ Both _____ Other(specify) _____

Best way to contact you (circle one): email phone call text mail

Email address & phone number _____

Emergency Contact (in the event parents cannot be reached):

Name _____ Relationship _____ Phone _____

Registration fee: 1 child \$70; 2 children \$120; 3+ children \$140 **Payment plan available;** contact us for the form
No child turned away for financial difficulty (please check here if this applies to you so we know not to bill you)

We need volunteers! If you can help, please circle: Teacher Teacher's Aide Substitute Teacher Office Aide

1. Child's name _____ Birthdate _____ M F Grade (Sep. 2019) _____

School (2019-20) _____ Prior Rel Ed (if not here) _____

Baptism: *Date _____ Parish _____ Made: 1st Reconciliation Y N 1st Eucharist Y N

Medical or Learning concerns _____

2. Child's name _____ Birthdate _____ M F Grade (Sep. 2019) _____

School (2019-20) _____ Prior Rel Ed (if not here) _____

Baptism: *Date _____ Parish _____ Made: 1st Reconciliation Y N 1st Eucharist Y N

Medical or Learning concerns _____

3. Child's name _____ Birthdate _____ M F Grade (Sep. 2019) _____

School (2019-20) _____ Prior Rel Ed (if not here) _____

Baptism: *Date _____ Parish _____ Made: 1st Reconciliation Y N 1st Eucharist Y N

Medical or Learning concerns _____

4. Child's name _____ Birthdate _____ M F Grade (Sep. 2019) _____

School (2019-20) _____ Prior Rel Ed (if not here) _____

Baptism: *Date _____ Parish _____ Made: 1st Reconciliation Y N 1st Eucharist Y N

Medical or Learning concerns _____

If you have not previously done so, please include a copy of your child(ren)'s Baptismal Certificate(s). We must have this for our records. Thank you!