

# Religious Ed Registration Form

## Classes Start Sunday, September 19<sup>th</sup>

Religious Education classes for Kindergarten through Grade 6 meet on Sunday mornings from 11:00 AM until noon beginning Sunday, September 19<sup>th</sup>.

**Family Last Name:** \_\_\_\_\_

### Primary Contact Information

Address Line 1: \_\_\_\_\_

Address Line 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Primary Email: \_\_\_\_\_

### Mother/Guardian Personal Information

First Name \_\_\_\_\_ Last Name: \_\_\_\_\_

Email: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

### Father/Guardian Personal Information

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Email: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

### Alternate Emergency Contact Information:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Relationship to Child(ren): \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

### Payment Options

\_\_\_\_\_ We will pay online via website \_\_\_\_\_ We will pay in the office

### Tuition for 2021-2022

\$30 for one child

\$60 for two children

\$80 for three children

\$100 max for family

**Child 1**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Birth Date: \_\_\_\_\_ Gender:  Male  Female  
Grade: \_\_\_\_\_ School: \_\_\_\_\_  
E-Mail: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_  
Medical Conditions:

\_\_\_\_\_  
List any Allergies:

**Sacrament Information**

Baptism:  Yes  No Date:  
First Eucharist:  Yes  No Date:  
Confirmation:  Yes  No Date:  
Penance/Reconciliation:  Yes  No Date:

**Child 1**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Birth Date: \_\_\_\_\_ Gender:  Male  Female  
Grade: \_\_\_\_\_ School: \_\_\_\_\_  
E-Mail: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_  
Medical Conditions:

\_\_\_\_\_  
List any Allergies:

**Sacrament Information**

Baptism:  Yes  No Date:  
First Eucharist:  Yes  No Date:  
Confirmation:  Yes  No Date:  
Penance/Reconciliation:  Yes  No Date:

**Child 1**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Birth Date: \_\_\_\_\_ Gender:  Male  Female  
Grade: \_\_\_\_\_ School: \_\_\_\_\_  
E-Mail: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_  
Medical Conditions:

\_\_\_\_\_  
List any Allergies:

**Sacrament Information**

Baptism:  Yes  No Date:  
First Eucharist:  Yes  No Date:  
Confirmation:  Yes  No Date:  
Penance/Reconciliation:  Yes  No Date:

(Attach another sheet, if needed)