

Christ Our Savior Religious Education Program  
 "Making Disciples of Christ" Registration 2020 - 2021

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 FAMILY NAME (LAST NAME) E-MAIL ADDRESS

\_\_\_\_\_  
 STREET ADDRESS CITY STATE ZIP CODE

\_\_\_\_\_  
 FATHER'S NAME PHONE NUMBER

\_\_\_\_\_  
 MOTHER'S NAME PHONE NUMBER

REGISTERED PARISHONER AT \_\_\_\_\_ PARISH

	STUDENT 1	STUDENT 2	STUDENT 3	STUDENT 4
STUDENT FIRST NAME				
STUDENT LAST NAME				
BIRTH DATE				
MALE / FEMALE				
SCHOOL ATTENDING				
SCHOOL GRADE				
BAPTISM DATE / PARISH NAME				
EUCCHARIST DATE / PARISH NAME				

If not on file - Baptismal Certificate is required Attached - yes \_\_\_\_ no \_\_\_\_

TUITION RATES

1 CHILD	\$65
2 CHILDREN	\$75
3 or more CHILDREN	\$85
BOOK & MATERIALS FEE PER STUDENT	\$20
BIBLE FEE	\$20
1 <sup>ST</sup> COMMUNION FEE	\$20
CONFIRMATION FEE Confirmation II STUDENT	\$25

TOTAL AMOUNT DUE \_\_\_\_\_

(over)

PAYMENT OPTIONS    \_\_\_ FULL PAYMENT    \_\_\_ 2 INSTALLMENTS    \_\_\_ 4 INSTALLMENTS

DATE				
AMOUNT PAID				

EMERGENCY CONTACT NAME

RELATIONSHIP

PHONE NUMBER

HEALTH INFORMATION

List your child's name and any medications or allergies of which we should be aware

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Does your child have any learning disability of which we should be aware? (Indicate nature of the disability)

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Does your child have any physical disability of which we should be aware? (Indicate nature of the disability)

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MEDICAL RELEASE

In the event that the undersigned or my authorized physician cannot be reached and in the judgment of the Coordinator of Religious Education or staff member there is a necessity for immediate examination and/or treatment of my child. I hereby request and authorize any of the aforesaid personnel to obtain for my child such medical services as deemed necessary. I agree to assume the financial responsibility for any diagnosis/treatment and for medication deemed necessary.

Period for which this release is intended: October 2020 through May 2021

\_\_\_\_\_  
Signature of Parent/Guardian                      Date

PHOTO RELEASE

I give permission for the staff of the Religious Education program to take photos of my child taken during program activities. Photos will be used in church buildings, publications and websites.

Photos MAY be used                       Photos MAY NOT be used

\_\_\_\_\_  
Signature of Parent/Guardian                      Date