

St. Richard's Parish
 Religious Education and Youth Ministry
 Kindergarten through Grade 12

Parent's Names: _____ Phone: _____ Cell: _____ (Receive Texts: Y N)

Mailing Address: _____
City State Zip

E-Mail Address: _____

Please list all children's names and the grade they are attending this fall. Place a check mark under the sacraments they have **ALREADY** received (date not necessary).

Child's Name	Personal cell#	Receive Texts	Grade	Baptism	Reconciliation	Eucharist	Confirmation
		YES NO					
		YES NO					
		YES NO					
		YES NO					
		YES NO					

Program Fees

\$25 per child OR \$40 per family

Additional fee for 2nd Grade Sacramental Class & Soph.-Sen. Confirmation

\$20 (helps defray cost of materials and books)

Please write checks payable to "St. Richards Parish"

Amount Paid \$ _____

Cash/Check # _____

Scholarship Request- Amount \$ _____

Δ I need a partial scholarship

Δ I would like to donate to the scholarship fund

Δ I would like to help teach grade _____

Δ I would be willing to bring snack for: elementary RE or youth group