2019-2020 FAMILY REGISTRATION FORM

HELP US HOLD DOWN MAILING COSTS! PLEASE PROVIDE AN EMAIL and CELL PHONE NUMBER, IF YOU HAVE ONE AND CHECK IT AT LEAST TWICE PER WEEK!

PARENT NAME: _____

STUDENT NAME: _____

EMAIL ADDRESS: _____

We would like to receive RE Office communications in the following manner (chose all that apply):

_____ U. S. Mail _____ By email, when possible.

_____ Distribution to child at RE class, to bring home.

_____ By text message to my cell phone # _____

☐ **Section S-PS**	**PRE-SCHOOL AGES 3-4**	**Sunday**	**9-10AM**
☐ **Section S**	**Grades 1-5**	**Sunday**	**10-11AM**
☐ **Section SK**	**Kindergarten**	**Sunday**	**10:15-11AM**
☐ **Section CS**	**Confirmation Grades 6-8**	**Sunday**	**9:30-10:50AM**
☐ **Section W**	**Grades K-5**	**Wednesday**	**4:30-5:30PM**
☐ **Section WC**	**Confirmation Grades 6-8**	**Wednesday**	**4:30-5:50PM**
☐ **Section H**	**All Grades**	**Home Schooled Students**	
☐ **Section P**	**All Grades**	**Parochial School Students**	
☐ **Section O**	**Teen, Adult Confirmation, RCIA**		

Please provide a current Medical Authorization Form for each child you register.

Please note that schedule for Confirmation Students (Grades 6, 7, and 8) is slightly different than the schedule for the lower grade classes.

1. **Student Name:** _____

2019-2020 **Grade:**_____ **Class Day:** _____ **Class Time:** _____

2. **Student Name:** _____

2019-2020 **Grade:**_____ **Class Day:** _____ **Class Time:** _____

3. **Student Name:** _____

2019-2020 **Grade:**_____ **Class Day:** _____ **Class Time:** _____

4. **Student Name:** _____

2019-2020 **Grade:**_____ **Class Day:** _____ **Class Time:** _____

Tuition payments made be made by cash, check, or online with a credit card or ACH.

I prefer to make RE Tuition payments (circle one): Quarterly Annually

Deposit Amount: $ _____

_____I will do Service In Lieu of Tuition. Desired Position: _____