

RELIGIOUS EDUCATION REGISTRATION

LAST NAME _____

CHILD NAME/GRADE: _____/____; _____/____;
_____/____

PARENT'S NAME/ADDRESS:

HOME PHONE: _____ BEST # TO CONTACT
PARENT: _____

EMERGENCY CONTACT # DURING RELIGIOUS ED IF WE CANNOT CONTACT
PARENT: _____

EMAIL ADDRESS: _____

Email is the most efficient way to make contact throughout the year.

One child = \$50; Two children = \$90; Three or more children = \$100 (No family pays more than \$100)

If this poses a financial hardship for your family, please contact the rectory office at 301-475-8403.

Food Allergy Alert: Please inform us if your child has a food allergy or medical condition that would require special consideration on our part:
