

St. Clare of Montefalco Religious Education Registration

1401 Whittier Road, Grosse Pointe Park, MI 48230

313-647-5056

Envelope # _____

Registered at St. Clare Parish _____ Yes _____ No

Parish of Registration: _____

Today's Date: _____

Family Last Name: _____

Address: _____

Primary phone # where you can always be reached during class: _____

Best email to ensure communications from our program will be read: _____

Child Lives with: _____

Physical Custody of Child: _____

Name of Mother: _____

Mother's Address _____

Mother's Phone and email: _____

Religion of Mother _____ Father _____

Name of Father: _____

Father's Address _____

Father's Phone and email: _____

Emergency Contact (full name and Phone): _____

| Tuition for 2017-2018 Catechetical Year | | OFFICE USE ONLY |
|--|--------|-----------------|
| One Child in the Religious Education program | \$ 240 | _____ |
| Two children in the program | \$ 375 | _____ |
| Three or more children in the program | \$ 450 | _____ |
| 7th and 8th Grade Confirmation Book Fee | 33 | _____ |
| 8th Grade Confirmation Retreat | 55 | _____ |
| Total Due: | | _____ |
| Total Enclosed: | | _____ |
| | | Check # _____ |
| | | Cash _____ |
| | | ParishPay _____ |

| STUDENT INFORMATION* | Child #1 | Child #2 | Child #3 | Child #4 | Child #5 |
|--|----------|----------|----------|----------|----------|
| Child's Name (First, Last) | | | | | |
| Birthdate (month/day/year) | | | | | |
| Sex (M/F) | | | | | |
| Grade: (If grade 8 please list school attending) | | | | | |
| <i>For Office Use Only: Catechist</i> | | | | | |
| Class Day Preference (Monday 4:00 for K-4 and 6:30 pm for 5-8 or Sunday 10:15-11:30 am) | | | | | |
| Sacrament — Date Received | | | | | |
| -Baptism/Catholic? (Y/N) (Copy of Baptismal Certificate will be needed) _____ | _____ | _____ | _____ | _____ | _____ |
| -Eucharist _____ | _____ | _____ | _____ | _____ | _____ |
| -Penance _____ | _____ | _____ | _____ | _____ | _____ |
| -Confirmation _____ | _____ | _____ | _____ | _____ | _____ |
| *Each child must have a completed Medical Treatment Release Form. List allergies/special needs. | | | | | |