

St. Augustine Parish
SACRAMENTAL PREPARATION PROGRAM

REGISTRATION FORM

******Please bring this form to the Parent Meeting (9/29 or 10/02) with your full payment******

CHILD'S LAST NAME

CHILD'S FIRST NAME

GRADE: _____

FATHER'S NAME*

MOTHER'S NAME*

**please include last name if different from child*

ADDRESS

CITY

STATE

ZIP

PHONE

home / cell

Email addresses _____,

_____ send to both

Is your child enrolled in Religious Education Classes at St. Augustine Parish? [] YES [] NO

Is your child enrolled at Cataldo Catholic School? [] YES [] NO

If no, which school? _____

FEES: Please select the option that applies to your child. Tuition is due upon registration.

_____ \$25 Reconciliation only

_____ \$55 Reconciliation, Confirmation, and First Eucharist

_____ I would like to request a scholarship for my child.

Special medical needs (i.e. allergies): _____

In case of emergency, please contact: _____ Phone _____

By checking this box, I hereby grant permission to Saint Augustine Parish and the Diocese of Spokane to publish pictures of my child on their website, social media, and promotional fliers. I understand that the name of my child will not be included without additional written consent.

Signature: _____