REGISTRATION FOR RELIGIOUS EDUCATION PROGRAM
2011-2012
(Please PRINT)

STUDENT'S NAME: _____
FIRST LAST

FATHER'S NAME: _____
FIRST LAST

MOTHER'S NAME: _____
FIRST LAST (MAIDEN)

Are you re-registering a student from last year? _____ Yes _____ No

*If Yes **and** the mailing address, phone number, contact information has not changed, you do not need to fill out the following information.*

CHILD LIVES WITH: ____Both Parents ____Mother ____Father ____Guardian ____Grandparent(s)

___ Step Mother Name: _____ / ____Step Father Name: _____

Guardian's Name: _____ Grandparent(s) Name: _____

MAILING ADDRESS: _____

PHYSICAL ADDRESS: _____
(if different than mailing address)

PHONE NUMBER: _____ E-MAIL: _____

PROGRAM FEES: 1 Child - $25.00 / 2 Children - $30.00 / 3 or more Children - $35.00

These program fees will help with expenses for the program for the academic year. Please note that if this is a financial burden on your family, the parish has benefactor's who will cover the program fees for your child(ren).

____ Yes, I (We) need to ask for assistance from the parish benefactor's. **(Please circle appropriate fee).**

____ I (We) can pay in full upon registration. **(Please circle appropriate fee).**

____ I (We) can pay in installments. **(Please circle appropriate fee).**

_____ _____
PARENT/ GUARDIAN SIGNATURE DATE

_____
PARENT/ GUARDIAN PRINTED NAME