

2018-2019 RELIGIOUS EDUCATION REGISTRATION

FAMILY NAME _____

STUDENT NAME	M/F	Grade		Birth Date	Attendance	Class List	Sacraments Received				Church, City, State Of <u>Baptism</u>	Medical Issues Y/N (Give details below)
		School	RE				BAPTISM	Reconciliation	Eucharist	Confirmation		

Father's Full Name _____ Religion ___ Parish _____

Mother's *maiden* name _____ Religion ___ Parish _____

<p>PRIMARY MAILING ADDRESS:</p> <p>Name _____</p> <p>Address _____</p> <p>City _____ State ___ ZIP _____</p> <p>Phone (H) _____ (C) _____</p> <p>Parent email address _____</p>
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Marriage _____

Church

City & State

Parents marital status (circle appropriate status):

Single Married Remarried Separated Widowed Divorced

Who is responsible for full-time care (name please): _____

In case of emergency contact:

Name _____ Phone _____

Name _____ Phone _____

The child(ren) will be regularly dropped off/picked up by _____

School district(s) child(ren) attend _____

Would you be able to volunteer with special activities we hold throughout the year? _____

If you answered **yes** above to any medical issues for your child(ren), please explain here: _____

RE FEES (due at time of registration)			
	Before 7/1/2018	After 7/1/2018	
1 child	\$30	\$50	<p align="center">OFFICE USE ONLY</p> <p>Fees paid: \$ _____</p> <p>Date: _____</p> <p>Check # _____ Cash _____</p>
2 children	\$40		
3+ children	\$50		
			If there is any difficulty with RE fees, or for any other questions or comments, please contact the DRE @ 570-546-3900, ext. 124.