

2018-2019 St. Alphonsus Religious Education Registration

Kindergarten – 8th Grade

Tuition: \$35/child or \$70/family

PLEASE DO NOT REGISTER CONFIRMATION STUDENTS ON THIS FORM

Parent(s) Name _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Father's Cell # _____ Mother's Cell # _____

E-mail: **(REQUIRED)** _____

XXXXXXXX	XXXXXXXXXXXX	XXX	XXX	XXXXXXXX	Has Your Child Received:	
Child's First Name	Child's Last Name	M/F	2018-19 Grade	Birthdate	Has child been baptized?	Received 1 st Communion?
					Yes No	Yes No
					Yes No	Yes No
					Yes No	Yes No
					Yes No	Yes No
					Yes No	Yes No

Our family will attend classes on: Sunday AM Wednesday PM

Emergency Contacts (name & phone):

1. _____ 2. _____

I authorize and consent to St. Alphonsus personnel/catechists to seek emergency treatment for my child(ren) in my absence during class time should an emergency occur.

Please let us know of any medications to be taken during class or any medical conditions of which we need to be aware: _____

I authorize St. Alphonsus to use photographs of my child(ren) for parish bulletins, website and to be displayed on bulletin boards at the church. YES NO

My child(ren) will be picked up from class by: _____

Parent/Guardian Signature

Date