School District Child/Children Attend		Parish of Registration		
	/		/	
Parents Last Name		First Name		First Name
Address	/// P.O. Box	City	Zip Code	Phone number
Email address		Cell	phone number	(mother)
		Cell phone number		(father)
In case you can't be	reached in an eme	rgency please l	ist another person a	and phone number to call.
Name	Ph	one Number_		
	Relationship	p to student		
**Please indicate your choi	Class Choice	Grade 	Date of Birth	Student Sunday Collection
PLEASE CHECK IF YOUTeacherHel		uteHal		Office Reference: Amount Paid
6: 4				Check Number
Signature Rel Ed Fees For Preschool through High School: All Saints Parishioners \$70.00 - one student \$100.00 - two students \$130.00 - three students (family maximum)			Students outside of All Saints \$100.00 – one student \$130.00 – two students \$160.00 – three students (family maximum)	