

**St. Augustin Religious Education Student
Registration/Contact Information Form
Sept 2021- May 2022**

Please: 1) fill-out this form; 2) scan; and 3) and email this form to me at: shawnwburns@gmail.com
Please Send Check (\$35.00 1 child; \$45.00 2 children; \$55.00 3 or more kids) to: *St Augustin's Rel. Ed Program, P.O. Box 357 Newport, RI 02840*

student 1st name student last name birthday grade entering
ex.) 01/17/2001

Date of baptism parish name of baptism
(note: please include a *copy* of baptismal cert if your child was baptized outside of St Augustin's)

father's first name father's last name mother's first name mother's maiden name

home street address city state zip code

home phone home email (for me to send emails to) PLEASE PRINT CLEARLY

emergency contact person name emergency contact phone #

What allergies does your child have, if any? ("none" or state allergy) _____

Does your child have any special learning needs? (if yes, please note) _____

Besides yourselves (usually father, mother, or grandparent) please state others you authorize to pick up your child(ren) after class. _____