

REGISTRATION FOR RELIGIOUS EDUCATION

Family Last Name _____ Check here if different from child's last name _____

Address _____ City _____ State _____ Zip _____

PARENT E-MAIL _____

Father's Name _____ Religion _____ Phone _____

Mother's Name _____ Religion _____ Phone _____
(Including Maiden Name)

Marital Status of Parents _____ Name of Stepparent/Guardian _____

Child/ren living with: ___ Both Parents ___ Mother only ___ Father only ___ Joint custody ___ Guardian

EMERGENCY CONTACT NAME AND NUMBER OTHER than Parents _____

If you are registering a child for the first time, include a copy of his/her Certificate of Baptism

If the child was baptized in Church of the Holy Child, please give month and year of Baptism

Name of Student	Grade in Sept 2018	Date of Birth	Date of Baptism	Date of 1 st Communion	If Confirmed give date
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Pre-K (Potty trained 3 & 4 year olds) Sunday during the 11:00 Mass _____

Grades K through 6, please circle choice of **DAY**

Monday 4:45-6:00 PM Tuesday 4:45-6:00 PM Grades 7 & 8 Monday **only** 6:30- 7:45 PM

_____ Please initial- I have read the Parent Handbook and agree to the requirements and expectations of
Church of the Holy Child Religious Education Program

Are you registered in Church of the Holy Child? _____ Yes _____ No

Registered Member of _____ Parish

Tuition: Required at time of registration

\$110.00....1 child \$130.00....2 children

\$140.00....3 children or more

Please make check payable to Church of the Holy Child

Financial assistance available if needed. Contact Religious Ed Office for more information.

For Office Use Only:

Check _____ Cash _____ Date _____

Amount Paid _____

PLEASE RETURN NO LATER THAN AUGUST 22, 2018