

ST LUKE THE EVANGELIST, 2757 ALDERMAN ROAD, PALM HARBOR 34684

REGISTRATION FOR RELIGIOUS EDUCATION CLASS

DATE: _____

FAMILY LAST NAME: _____

STREET ADDRESS: _____

CITY: _____

ZIP _____

HOME PHONE: _____

E MAIL ADDRESS: _____

PRIMARY LANGUAGE SPOKEN IN HOME: _____

ARE YOU CURRENTLY REGISTERED AT ST. LUKE'S _____

YES

NO

IF YES, ENVELOPE NUMBER: _____

HAS YOUR CHILD ATTENDED THE SCHOL OF FAITH PREVIOUSLY? _____

IF YES, WHAT WAS LAST SCHOOL YEAR ATTENDED? _____

IF NO, WHAT PARISH DID YOUR CHILD LAST ATTEND & WHAT GRADE? _____

_____ AND WHAT YEAR?

PRIMARY PARENT/GUARDIAN/HEAD OF HOUSEHOLD

SECONDARY PARENT/GUARDIAN

TITLE (PLEASE CIRCLE ONE:) MR. MRS. MISS MS. DR.

FULL NAME (first, middle, last)

MARITAL STATUS

S

M

D

W

OTHER: _____

RELATIONSHIP TO STUDENT

RELIGIOUS AFFILIATION

HOME PHONE:

CELL PHONE:

BUSINESS PHONE:

OCCUPATION:

NAME OF BUSINESS:

TITLE (PLEASE CIRCLE ONE:) MR. MRS. MISS MS. DR.

FULL NAME (first, middle, last)

MARITAL STATUS

S

M

D

W

OTHER: _____

RELATIONSHIP TO STUDENT

RELIGIOUS AFFILIATION

HOME PHONE:

CELL PHONE:

BUSINESS PHONE:

OCCUPATION:

NAME OF BUSINESS:

FOR OFFICE USE ONLY

FOR OFFICE USE ONLY

FOR OFFICE USE ONLY

REGISTRATION FEE DUE _____

REGISTRATION FEE PAID _____

CASH RECEIVED _____

CHECK PAID _____

CHECK NUMBER _____

SACRAMENTAL FEE DUE _____

SACRAMENTAL FEE PAID _____

CONFIRMATION _____

1ST HOLY COMMUNION _____

PARENTAL CONTRACT SIGNATURES _____

HARASSMENT POLICY SIGNATURES _____

HANDBOOK RECEIVED _____

EMERGENCY CONTACT INFORMATION
(other than parents/guardians)

NAME
RELATIONSHIP
ADDRESS
PHONE NUMBER
CELL NUMBER
NAME
RELATIONSHIP
ADDRESS
PHONE NUMBER
CELL NUMBER

In addition to the person completing this form, list below the people who have permission to pick up your child and the phone numbers of where these individuals can be reached during your child's class times.

Name	Relationship	Phone
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

1 _____

2 _____

Please PRINT the full name of each child you have enrolled in the School of Faith Program and their grade:

NAME	GRADE

Printed Name of Parent/Guardian: _____