

Parent/Guardian #1

(Main contact)

Last Name _____ First Name _____

Cell Phone: _____ Email: _____

Parent/Guardian #2

(Secondary contact)

Last Name _____ First Name _____

Cell Phone: _____ Email: _____

Mailing Address

Street _____ Apt. No. _____ City _____ Zip Code _____

Physical Address

(if different from Mailing)

Street _____ Apt. No. _____ City _____ Zip Code _____

Emergency Contact

(Not listed above)

Last Name _____ First Name _____

Cell Phone: _____

Students to be Enrolled**Student 1**

First Name _____ Middle Name _____ Last Name (if different) _____ Nickname: (Example: Billy , Liz)

Male / Female

(Circle one)

Date of Birth (mm/dd/yyyy) _____

Grade _____

Sacraments Received: Baptism 1st Communion 1st Reconciliation**Student 2**

First Name _____ Middle Name _____ Last Name (if different) _____ Nickname: (Example: Billy , Liz)

Male / Female

(Circle one)

Date of Birth (mm/dd/yyyy) _____

Grade _____

Sacraments Received: Baptism 1st Communion 1st Reconciliation**Student 3**

First Name _____ Middle Name _____ Last Name (if different) _____ Nickname: (Example: Billy , Liz)

Male / Female

(Circle one)

Date of Birth (mm/dd/yyyy) _____

Grade _____

Sacraments Received: Baptism 1st Communion 1st Reconciliation**Student 4**

First Name _____ Middle Name _____ Last Name (if different) _____ Nickname: (Example: Billy , Liz)

Male / Female

(Circle one)

Date of Birth (mm/dd/yyyy) _____

Grade _____

Sacraments Received: Baptism 1st Communion 1st Reconciliation**Tuition Fess Per Family (Payment may be made at time of registration or at first class)**

Number of Students enrolled:	1	\$90.00
	2	\$140.00
	3 or more	\$170.00
Sacrament Fee - 2nd Grade (First Reconciliation and First Communion)		\$30.00
Confirmation Retreat Fee - 11th Grade		\$50.00
Non-Parishioner Fee (Once per family)		\$90.00
	Total	
	Amount Paid	
	Balance Due	

If your child was enrolled in a different religious education program last year, please specify the parish and city: _____

Please use the reverse side for any additional information you think we should know. (For example, are there any allergies, health concerns, or learning disabilities? Is there a living arrangement that would affect their ability to attend class regularly?)