

REGISTRATION FORM FOR RELIGIOUS EDUCATION CLASSES 2017-2018

For Office Use Only Rec'd _____ Pd _____

Mr/Mrs Mr Mrs Ms Dr _____

Address _____
(No.) (Street) (Apt #) (City) (Zip)

Home Cell Phone _____ Emergency Phone _____

Mother's name _____ Father's name _____
(First) (Last) (First) (Last)

Email _____ (Most on-going communication will be done via e-mail)

If you register for classes before June 1st the fee is \$90.00 per family.

If you register AFTER June 1st the fee is \$100.00 per family.

2017-2018 CLASS OPTIONS

School Year Program held **September – May**. Please indicate your day/time selection in the Preferred Class Option box below:

- GRADES K-7:** Sundays 10:40-11:40am
- GRADES 1-6:** Mondays 4:30-5:30pm
- GRADE 7:** Mondays 7:00-8:00pm

Names of children to be registered	Sex	Date of Birth	Grade in Sept 2017	Preparing for sacraments this year?	Please note any allergies or special needs	Preferred Class

Student Photo Release: If you ***DO NOT*** want photos or video recordings of your child(ren) used in parish-produced publications (bulletins, newsletters, videos, or websites), please sign here:

Parents/Guardian signature: _____ Date _____
(SIGN ONLY IF YOU WANT TO DENY PERMISSION)

CLICK HERE TO SUBMIT THIS FORM ONLINE