

Date: _____

Religious Education Registration Form — 2010-2011

for Communion I

Telephone: Work _____ Cell _____ Home _____

Email Address: _____
(Please print clearly)

Responsible Party _____
(Please print clearly)

Mailing address _____
Street Address _____ City _____ Zip Code _____

Name of Father _____
First Name _____ M.I. _____ Last Name _____

Name of Mother _____
First Name _____ M.I. _____ Last Name _____ Maiden Name _____

Emergency Contacts _____
Name _____ Relationship _____ Phone _____
Name _____ Relationship _____ Phone _____

Student: _____
Circle One Prior Catechism Baptized First Communion
Boy/Girl Yes/No Yes/No Yes/No
First Name _____ M.I. _____ Last Name _____

School _____ Sept. Grade _____ Birth Date _____ Age _____

Siblings Enrolled in RE: _____
First Name _____ M.I. _____ Last Name _____ Boy/Girl _____ Sept Grade _____
First Name _____ M.I. _____ Last Name _____ Boy/Girl _____ Sept Grade _____

Any medications, allergies, or other personal information DRE or teacher should know:

Student: _____ Info: _____

Registration Fee: \$75.00 per student -

I am willing to help as: (circle) Teacher Class Aide Clerical Lector Music Usher Eucharistic Min.

Total Fees Paid _____ **A \$25.00 non-refundable fee applies when a student drops after registering. Refund deadline is Oct. 1, 2010**

Deadline to register is August 31, 2010