

Date: _____

Religious Education Registration Form — 2010-2011

for Communion II

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: _____ Boy/Girl _____
First Name _____ M.I. _____ Last Name _____ Sept Grade _____

_____ Boy/Girl _____
First Name _____ M.I. _____ Last Name _____ Sept Grade _____

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

Student: _____ Info: _____

Registration Fee: \$75.00 per student - Holy Communion Fee: \$25.00

I am willing to help as: (circle) Teacher Class Aide Clerical 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