

**Religious Education Registration: 2017 – 2018
New Family**

Sunday Session: _____ 9:00 a.m. or _____ 10:30 a.m.

**One Child: \$130. Two Children: \$160. Three or more Children: \$190.
Sacramental Program Fee: \$50.**

Family Name: _____ **Date:** _____
(Please Print)

Father/Guardian's Name: _____

Mother/Guardian's Name: _____

Address: _____

City: _____ **Zip:** _____

Phone: (H) _____ **Cell:** _____

Email Address: _____

Student's Name: _____ **Grade in Fall:** _____

Date of Birth: _____

Student's Sacramental Information:

Name of Church City & State Date

Baptism: _____

First Reconciliation: _____

First Eucharist: _____

Confirmation: _____

FOR OFFICE USE ONLY

Registration Fee Paid: Amount _____ Date _____ Check # _____

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Family Name: _____

Student's Name: _____ Grade in Fall: _____

Date of Birth: _____

Student's Sacramental Information:

<i>Name of Church</i>	<i>City & State</i>	<i>Date</i>
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Baptism: _____

First Reconciliation: _____

First Eucharist: _____

Confirmation: _____

Student's Name: _____ Grade in Fall: _____

Date of Birth: _____

Student's Sacramental Information:

<i>Name of Church</i>	<i>City & State</i>	<i>Date</i>
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Baptism: _____

First Reconciliation: _____

First Eucharist: _____

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