

Religious Education Registration Form 2018 – 2019

Grades K-11

Student Information

Name _____ M ___ F ___ Grade ___ Birthdate _____
Last First

Address _____
City State Zip

Home Phone _____ Cell Phone _____

This student will be attending class at (check one):

___ St. Therese K-6th grade Sunday 9:25 – 10:25 AM

___ Mt. Carmel 7th-11th grade Sunday 6:30 – 8:00 PM (3 weeks/month)

Tuition: One student \$50, two students \$90, three or more \$120. Sacramental fees TBD

Tuition assistance is available. Make checks out to the Church your child is attending class at.

Date and place of Baptism _____ Date _____

Has child made his/her First Communion? ___ Yes ___ No First Reconciliation? ___ Yes ___ No

Are you a registered member of a Parish? ___ Yes ___ No Name of Parish _____

Where did child last attend Religious Education? _____ Last grade attended _____

Father/Guardian _____ Religion _____

eMail _____ Cell Phone _____

Mother/Guardian _____ Religion _____

eMail _____ Cell Phone _____

Special needs, learning/physical disabilities, allergies: _____

Emergency Contact: _____

Relationship to child: _____ Phone # _____

Emergency Medical Treatment

In the event of an emergency, I hereby give permission to the teachers, volunteers, or representatives to seek emergency care and/or transport my child to a doctor or hospital, and hereby authorize emergency medical treatment. I assume all responsibility for all medical bills that may be incurred. I relieve the Parish of all responsibility and consequences that may arise as a result of this treatment.

Parent Signature: _____ Date: _____