

Religious Education Registration Form

Grades K-11

Student Information

School Year: 20____ - 20____

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-10th grade Wednesday* 4:30 – 6:15 PM (2nd & 4th Wed. of the month)
____ Mt. Carmel 11th grade Wednesday* 5:30 – 7:15 PM (2nd & 4th Wed. of the month)

Tuition @St. Therese K-6th: One student \$50, two students \$90, three or more \$120.

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: _____

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THIS SECTION FOR OFFICE USE ONLY

Tuition Due	
Tuition Paid	
Date	
Payment	
<input type="checkbox"/> Check #	
<input type="checkbox"/> Cash Amount	