

# Religious Education Registration Form 2019-2020

## STUDENT INFORMATION

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Date of Birth: \_\_\_/\_\_\_/\_\_\_ City/State of Birth: \_\_\_\_\_

**Baptism - A copy of BAPTISMAL CERTIFICATE is required for each newly registered student, as well as for students receiving Sacraments, even if you have provided one previously**

Date of Baptism: \_\_\_/\_\_\_/\_\_\_

Church of Baptism: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

## FAMILY INFORMATION

Registered member of:

\_\_\_ Gate of Heaven \_\_\_ Our Lady of Victory \_\_\_ Other (please verify participation requirements with DRE)

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Student's School: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Father's Cell: \_\_\_\_\_

Mother's First Name: \_\_\_\_\_ Mother's Maiden Name: \_\_\_\_\_

Mother's Cell: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Phone: \_\_\_\_\_

Does your child have any special needs, disabilities, allergies, or conditions that we should know? \_\_\_\_\_

**Please let us know if you can assist in any way with our Religious Education Program!**

**Do you need to register in the parish ?    yes \_\_\_\_\_ No \_\_\_\_\_**

OFFICE USE ONLY

Tuition Paid: **Yes or No**    \$25.00 per child; with a maximum of \$60.00 per family.

Date: \_\_\_\_\_ Amount \$ \_\_\_\_\_ Check # \_\_\_\_\_ or Cash or Catechist/Aide

Tuition Due: \_\_\_\_\_ Grade of Siblings: \_\_\_\_\_

**Date:** \_\_\_\_\_ \$ \_\_\_\_\_

**Date:** \_\_\_\_\_ \$ \_\_\_\_\_