

RELIGIOUS EDUCATION REGISTRATION

UPPER ELEMENTARY PROGRAM

(Students in grades 3 – 6 who have received the sacraments of Reconciliation and Eucharist)

FATHER'S NAME _____ HOME PHONE _____ WORK PHONE _____

MOTHER'S NAME _____ HOME PHONE _____ WORK PHONE _____

ADDRESS _____ ZIP CODE _____

EMERGENCY NAME & PHONE _____

E-MAIL ADDRESS _____

DOES CHILD LIVE WITH: BOTH PARENTS _____ MOTHER _____ FATHER _____ OTHER _____

CLASSES WILL BE HELD ON THE SECOND SUNDAY OF EACH MONTH BEGINNING IN OCTOBER – 9:00 – 10:30.

<u>First/Last Name of Student</u>	<u>School</u>	<u>Grade</u>	<u>Baptized Catholic</u> (yes/no)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

SPECIAL CIRCUMSTANCES: Are there any problems with sight, hearing or reading, or any special medication or other problems, which the teacher should know about to help with class instruction:

Fee: \$30.00

All fees need to be paid by December 31, 2011. If payments need to be made, please contact Diane Drew – 542-1525 or email Diane at steugenes.com.

Amount Paid: _____

Amount Owed: _____