

Holy Family Catholic Church Religious Education Registration

Thank you for registering your child (ren) in the 2009-10 Religious Education program. Please provide the following information and return to the parish office.

Name of Mother: _____

Mother (First, Middle Initial, Maiden, Last)

Name of Father: _____

Father (First, Middle Initial, Last)

Address: _____
(Street Address, PO Box)

City: _____ **State:** _____ **Zip:** _____

Telephone Number(s):

Home: _____ **Cell:** _____

E-Mail Address: _____

Please list the name(s) of the child (ren) that will be attending Religious Education classes during the 2009-10 school year. Please list the age of the student as of September 1st, 2009.

Student Name: _____ Grade: _____ Age: _____

Student Name: _____ Grade: _____ Age: _____

Student Name: _____ Grade: _____ Age: _____

Student Name: _____ Grade: _____ Age: _____

Student Name: _____ Grade: _____ Age: _____

Student Name: _____ Grade: _____ Age: _____

Please list any physical or learning disabilities that we should be aware of. This will allow our teachers to provide your child a better opportunity for learning in the classroom.

Emergency Contact:

Please provide the name and number of the nearest relative that we may contact in case of emergency.

Name: _____ **Relationship:** _____

Home Phone No. _____ **Cell Phone No:** _____

Tuition Information:

Kindergarten – 12th Grade = \$60.00 (\$50.00 prior to July 27th).
Three student family tuition cap.