

Holy Ghost - St. Jude the Apostle – St. Mary, Queen of Apostles Religious Education Program
 “Making Disciples of Christ” Registration 2018 - 2019

 FAMILY NAME (LAST NAME) E-MAIL ADDRESS

 STREET ADDRESS CITY STATE ZIP CODE

 FATHER'S NAME PHONE NUMBER

 MOTHER'S NAME PHONE NUMBER

REGISTERED PARISHONER AT _____ PARISH

	STUDENT 1	STUDENT 2	STUDENT 3	STUDENT 4
STUDENT FIRST NAME				
STUDENT LAST NAME				
BIRTH DATE				
MALE / FEMALE				
SCHOOL ATTENDING				
SCHOOL GRADE				
BAPTISM DATE / PARISH NAME				
EUCCHARIST DATE / PARISH NAME				

If not on file - Baptismal Certificate is required Attached - yes ____ no ____

TUITION RATES

1 CHILD	\$65
2 CHILDREN	\$75
3 or more CHILDREN	\$85
BOOK & MATERIALS FEE PER STUDENT	\$20
BIBLE FEE GRADE 5/6 STUDENT	\$20
1 ST COMMUNION FEE	\$20
RETREAT FEE Confirmation I & II STUDENT	\$20
CONFIRMATION FEE Confirmation II STUDENT	\$35

TOTAL AMOUNT DUE _____

(over)

PAYMENT OPTIONS ___ FULL PAYMENT ___ 2 INSTALLMENTS ___ 4 INSTALLMENTS

DATE				
AMOUNT PAID				

EMERGENCY CONTACT NAME

RELATIONSHIP

PHONE NUMBER

HEALTH INFORMATION

List your child's name and any medications or allergies of which we should be aware

Does your child have any learning disability of which we should be aware? (Indicate nature of the disability)

Does your child have any physical disability of which we should be aware? (Indicate nature of the disability)

MEDICAL RELEASE

In the event that the undersigned or my authorized physician cannot be reached and in the judgment of the Coordinator of Religious Education or staff member there is a necessity for immediate examination and/or treatment of my child. I hereby request and authorize any of the aforesaid personnel to obtain for my child such medical services as deemed necessary. I agree to assume the financial responsibility for any diagnosis/treatment and for medication deemed necessary.

Period for which this release is intended: September 2018 through May 2019

Signature of Parent/Guardian

Date

PHOTO RELEASE

I give permission for the staff of the Religious Education program to take photos of my child taken during program activities. Photos will be used in church buildings, publications and websites.

Photos MAY be used

Photos MAY NOT be used

Signature of Parent/Guardian

Date