

**REGISTRATION
RELIGIOUS EDUCATION**

GRADE _____

**2010-2011
Grades 7-8-9**

SEX - M F

Circle one

Please check one

5:30 pm

7:00 pm

(PLEASE PRINT)

Last Name _____ First Name _____

Birthday _____ School _____
(M/D/Y)

Parent's Last Name _____

Father _____ Mother _____
(First Name) (First Name)

Street Address _____

City _____ State _____ Zip Code _____

Home Phone: _____ Emergency Phone: _____

E Mail address: (to be used for updates and weather related class cancellations)

Covenant

I, _____, parent of _____
promise to do my best in raising my child in the Catholic faith. I understand that this includes sending them to Religious Education Classes, praying at home with them and attending Mass on Sundays and Holy Days of Obligation together.

Parents Signature _____

FEES

The fee for each participant is \$40.00 – There is a late fee of \$10.00 per participant after August 1st.