

Please check one

5:30 pm

7:00 pm

**REGISTRATION
RELIGIOUS EDUCATION
2009-2010
Grades 1-6**

GRADE _____

SEX - M F
Circle one

(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 cancellation)

FEES

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