

**7th and 8th Grade REGISTRATION
RELIGIOUS EDUCATION**

GRADE _____

Wednesdays 6:30-8:00 pm

SEX - M F

Circle one

(PLEASE PRINT)

Last Name _____ First Name _____

Birthdate _____ (M/D/Y) School _____

Parent's Last Name _____

Father _____ (First Name) Mother _____ (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)

In order to better assist you and your child please share with us any concerns, medical, learning or emotional issues that your student may have. (Use the back if needed)

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 Ed classes, teaching/learning with and 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 – Please register by August 1st to ensure that your student is in a class when we begin in September!