

RELIGIOUS EDUCATION REGISTRATION

RESURRECTION, ST. CLARE, ST JOHN GUALERT AND ST. PATRICK

Please complete the ENTIRE form. Every student needs to have a SEPARATE form filled out.

Student's Full Name_____

Student's Date of Birth_____

Parent(s) Name(s)_____

Complete Mailing Address_____

Contact Information:

Parent(s) Cell Phone_____

Parent Email_____

Student Cell Phone(optional)_____

Student email(optional)_____

Any Medical Conditions/Medications_____

Current Grade_____ School Attending_____

Parish: (Please Circle) Resurrection St. Clare St. John Gualbert St. Patrick

RELIGIOUS EDUCATION FEES: \$20.00 PER STUDENT

Please make checks payable to Resurrection Catholic Church

FOR OFFICE USE ONLY:

Grade___ Religious Fee___ Check#___ Date received___