

Holy Apostles Religious Education

REGISTRATION FORM

Grades 1-4 2026-2027

Family Last Name _____

Address _____

City/Town _____ Zip code _____

Father's Name _____ Cell #: _____

Mother's Name _____ Cell #: _____

Regularly checked E-MAIL: _____

Name of Person associated with this email: _____

In Case of Emergency **Name & Number:** _____

*If at any time, contact phone numbers or regularly checked email changes, please notify the office so we can update our records.

STUDENT(S) registering information:

Classes are:

Monday 4:15pm to 5:15pm (Grades 1,2,3 & 4)

*Grade 1 students need a copy of their baptismal certificate in order to enter our program. If you were baptized at Holy Apostles we have a record of your baptism already, please make a notation on this form.

Name	Grade	School Attending
_____	_____	_____
_____	_____	_____
_____	_____	_____

Special needs/concerns/allergies: _____

NOTE: Classes are **ONLY** offered on Monday this year.

Registration Fee: \$60.00 per person or \$200.00 maximum per family

*No fee required for Catholic School Students **but please submit a registration form.**

Please note: Money is never an exclusion to any of our programming. If for any reason you cannot pay the fee at this time, please just email me at mjs@holyapostles.com.

Please return this form and payment to **the parish office by July 3rd.**

*No forms are accepted electronically.

***Classes begin
Monday, September 28th.**