



**ST. MARY'S & ST. AUGUSTINE CATHOLIC CHURCHES
2017-2018 Religious Education
Registration Form**

Name of Parents: _____

Address: _____

Cell phone: _____ Email: _____

Home Phone (if applicable): _____

In Case of Emergency contact: _____ Phone: _____

We are members of: _____ St. Mary's Parish _____ St. Augustine Parish

Child(ren) Information:

<u>NAME</u>	<u>Grade</u>		<u>Age</u>	<u>Sex</u>	<u>Birthdate</u>	<u>Catholic Baptism ?</u>	
	<u>In Fall</u>					Yes _____	No _____
_____	_____	_____	_____	_____	_____	Yes _____	No _____
_____	_____	_____	_____	_____	_____	Yes _____	No _____
_____	_____	_____	_____	_____	_____	Yes _____	No _____
_____	_____	_____	_____	_____	_____	Yes _____	No _____

Any Special Needs of child(ren)? Food Allergies???

Other Parent/Guardian Name: _____

Other Parent/Guardian Address: _____

Cell Phone Number: _____ Email: _____

****OVER FOR FEE SCHEDULE****

Office Use Only:

Paid \$ _____ Date _____ Ch# _____ Amount Due: _____