



**ST. MARY'S & ST. AUGUSTINE CATHOLIC CHURCHES  
2019-2020 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:**

**Grade**

<b><u>NAME</u></b>	<b><u>In Fall</u></b>	<b><u>Age</u></b>	<b><u>Sex</u></b>	<b><u>Birthdate</u></b>	<b><u>Catholic Baptism ?</u></b>	
_____	_____	_____	_____	_____	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: \_\_\_\_\_