

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 _____