

Religious Education Registration Form





Mother's Name:	Father's Name: _	Father's Name:	
Home Address:	City/Zip	City/Zip:	
Cell: Mother's:	Father's:	Emergency:	
Email:	Emergency Cont	eact:	
Registered in parish?	If no, what is your home parish?		
	omote the program via the website and news releases to local or a requested to post pictures of family members both adult and child . Signature:	d(ren) involved in the program. Permission remains	
WERE: Stephanie Baxter (w	vere@saintmaryparish.com) Sunday School: Shanno	on Wells (sundayschool@saintmaryparish.com)	
Please mark as ap	propriate: Sunday School (ages	s 3-5) WERE (grades 1-8)	
Child: Full Name:		Nickname:	
Birthdate:	Grade/School:	Previous rel ed:	
Special Needs/Learning l	Issues/Allergies/Fears/Family Issues:		
Baptized?	Date and Church:	(Please include certificate copy)	
lst Communion?	Date and Church:		
Child: Full Name:		Nickname:	
Birthdate:		Previous rel ed:	
Special Needs/Learning l	Issues/Allergies/Fears/Family Issues:		
Baptized?	Date and Church:	(Please include certificate copy)	
lst Communion?	Date and Church:		
Child: Full Name:		Nickname:	
Birthdate:	Grade/School:	Previous rel ed:	
Special Needs/Learning l	Issues/Allergies/Fears/Family Issues:		
Baptized?	Date and Church:	(Please include certificate copy)	
lst Communion?	Date and Church:		
Foor		Volunteer Needs	

Sunday School: \$35/student

WERE:

*No one turned away for lack of funds. Please talk with the program director.

\$80/1 student, **\$110**/2 students, **\$135**/3+ students

Volunteer Needs:

- Sunday School * Co-Teacher
 - * Class Assistant
- * Class Assistant
- * Hall Monitor

WERE

- * Other
- * Dismissal Help
- (special activities)
- * Other