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Tomahawk, WI 54487
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**St. Mary's and St. Augustine
2024 - 2025
Religious Education Registration Form**

STUDENT(s) Last Name _____

Parents Names _____

Address _____ **City/Zip** _____

Cell Phone (mom) _____ **Cell phone (dad)** _____

email _____

(If email isn't checked on a regular basis, please specify preferred communication style)

Emergency contact _____ **Phone** _____

We are members of St. Augustine _____ **St. Mary** _____

Allergies _____

STUDENT INFORMATION:

<u>NAME</u>	<u>GRADE</u>	<u>AGE</u>	<u>SEX</u>	<u>Catholic Baptism?</u>
_____	_____	_____	_____	YES ____ NO ____
_____	_____	_____	_____	YES ____ NO ____
_____	_____	_____	_____	YES ____ NO ____
_____	_____	_____	_____	YES ____ NO ____

-----Office Use only-----

Paid \$ _____ Date _____ Ch# _____ Balance due: _____