

PLEASE FILL OUT ONE FORM FOR EACH CHILD. MULTIPLE NAMES ON ONE FORM WILL BE DISCARDED.  
PLEASE FILL OUT THE FORM LEGIBLY.

NAME OF STUDENT: \_\_\_\_\_

DOB: \_\_\_\_\_

Age: \_\_\_\_\_

School Grade in Sept: \_\_\_\_\_

Mother First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Father First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Best Phone#: \_\_\_\_\_ EMERGENCY #: \_\_\_\_\_

Home Address: \_\_\_\_\_ City, State: \_\_\_\_\_ Zip: \_\_\_\_\_

Best Email Address: \_\_\_\_\_

Mother Religion: \_\_\_\_\_

Father Religion: \_\_\_\_\_

Religious Class History: \_\_\_\_\_

Parish and Location: \_\_\_\_\_ City/ State: \_\_\_\_\_

### Sacramental History

Please fill out your sacraments and attach a copy of that certificate to the registration.

#### Baptism

Church: \_\_\_\_\_

City, State: \_\_\_\_\_

Date: \_\_\_\_\_

#### First Reconciliation

Church: \_\_\_\_\_

City, State: \_\_\_\_\_

Date: \_\_\_\_\_

#### First Communion

Church: \_\_\_\_\_

City, State: \_\_\_\_\_

Date: \_\_\_\_\_

### Tuition

- 100\$ per Child
- Must register for Online Giving on our website and contribute \$15 per week

By Signing below, you as the Parent / Legal Guardian confirm that the information provided is accurate, up-to-date, and true. Also, by signing, you agree to pay tuition and contribute weekly for the Parish/ Religious Education Program

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(if both are present)