

## 2011/2012 Religious Education Registration Form

**Name/Address Information:**

Father's Name: \_\_\_\_\_ Mother's Name: \_\_\_\_\_  
First Name Last Name First Name Last Name

Does your child live with (*please circle*): Both parents; Mother; Father; Other: \_\_\_\_\_

If child lives with other than parents, Name of Guardian: \_\_\_\_\_

Home Address of child \_\_\_\_\_  
Address City Zip

*Correspondence will be sent to the home address of the child, unless otherwise indicated.*

Father's (Guardian) Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Father's (Guardian) Email: \_\_\_\_\_

Mother's (Guardian) Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Mother's (Guardian) Email: \_\_\_\_\_

Parish Registered In: \_\_\_\_\_ Are you new to classes here? \_\_\_\_\_

Will you \_\_\_\_\_ (*please circle*): Teach/Co-Teach; Aid; Child Care; Special Events  
Name Grade Preference: \_\_\_\_\_

Offer talents, such as music, art, sewing, professional (*please describe*): \_\_\_\_\_  
*Parents who teach (training is provided) for the year receive free tuition. Parents who aid for the year receive a 50% tuition reduction.*

**Session Information:**

**2. Check the appropriate boxes to indicate the sacraments your child has already received.**

**3. Check session preferences by marking 1 for first choice & 2 for second choice.**

**1. Complete children's information.**

Child's First & Last Name	Gender	School Child Attends	Birth date	2011/12 Grade	None	Catholic baptism or RCIA/profession of Faith	Reconciliation (Confession)	Communion (Eucharist)	Confirmation	Sunday Family Session A (K-5 & 6-8)	Sunday Family Session B (K-5)	Mon 4:30 K-5	Wed 6:30 1--5	Wed 6:30 6--8	Pre-I Sunday (3yrs)	Pre-II Sunday (4yrs)

*Tuition fees are found on back of sheet. Every child is welcome to classes— call for aid information if tuition poses a hardship for you.*

**If your child desires to be placed with a friend, please include the name of the friend below:**

*Requests will be honored, if made early, but are not guaranteed due to class size limitations.*

**Please fill out Additional Information and Emergency Form found on the back of this sheet.**

1. Please explain any allergies your child has in the space below. Please include name of child and allergy:
  
2. Please explain any physical, social or learning disability needs that your child may have in the space below.  
Name of Child/Special Needs:

**St. Francis offers events to celebrate the cultural diversity of our parish.**

Are you or a family member from a country other than the United States? \_\_\_\_\_

If yes, what country? \_\_\_\_\_

Do you speak fluently a language in addition to English? \_\_\_\_\_ If yes, what language? \_\_\_\_\_

**Emergency Information:**

If my child becomes ill or is injured while attending Religious Education classes, please call:

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

I authorize the staff of St. Francis to seek emergency medical care for my child as deemed appropriate. Our doctor of preference is: \_\_\_\_\_ Phone: \_\_\_\_\_

Our hospital preference is: \_\_\_\_\_

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

**Tuition:** \$235/family. A \$50 early registration discount applies for forms received by August 15. (Includes children in Sunday Family Religious Education, Monday, Wednesday, and Sunday Preschool (I/II) Sessions). For Pre I Enrich Mon & Wed and Pre II Enrich T & Th: See separate registration form.

**Deposit: \$75 of the tuition is due at the time of registration.**

**Tuition Aid:** Every child is welcome to Religious Education classes—please call for aid information if the tuition payment poses a hardship for you. Donations towards the Tuition Aid program are always welcome.

<i>Office Use Only</i>	Amount	Date	Check #	Balance
Total Tuition Due:				
Registration Date:				