

## **Religious Education Program Registration Form**

		Child Infor	mation		
First Name:		Last Name:	Last Name:		
Address:					
City:		State:	State: Zip Code:		
Date of Birth: Sex:			Grade (this September):		
Cahaali					
School:					
		Sacramenta	l Record		
Date of Baptism:		Church of Ba	Church of Baptism:		
City/State:					
Date of First Communion:		Church of Firs	Church of First Communion:		
Date of Confirmation:		Church of Co	Church of Confirmation:		
		Parents Info	rmation		
Father's Name:					
Phone Home:		Cell:		Work:	
Email:		<u> </u>			
Mother's Name:					
Phone Home:		Cell:		Work:	
Email:				L	
Guardian's Name (if applical	ole):				
Address:					
City:		State:		Zip code:	
Phone Home:		Cell:		Work:	
Email:				<u> </u>	

## **Participation and Fees**

The fee for the Religious Education Program is \$75 per family, or if a family is only registering one child the fee is \$50. Please make checks payable to St. Louis Church and return your payment with your registration. Should the fee present a hardship, please speak with Pam Edwards. No child will be denied participation in the program because of inability to pay. However, it is important that a parent speak with Pam regarding the matter before classes begin.

## **Parent/Guardian Statement**

I/We request that my/our child be allowed to participate in the Religious

Education Program at Holy Family Parish. As primary educator of my children, I

take responsibility for their religious education by seeing to it that their

attendance is regular and their behavior is appropriate.

Parent/Guardian Signature	Date