2011-12

Our Mother of Sorrows/St. Peter's Parish

Religious Education Registration Form

CHILD'S LAST NAME:_____

ADDRESS: _____

_____

PHONE: _____

E-MAIL: _____

CHILD LIVES WITH: (CHECK ONE): MOTHER ___ FATHER ___ BOTH ___

FATHER'S NAME: Catholic? Yes __ No__

MOTHER'S NAME (INCL. MAIDEN): Catholic? Yes __ No__

*Your e-mail address will be used **only** for communication purposes from the Religious Ed. program. It will not be distributed for commercial use.*

CHILDREN TO BE REGISTERED WITH PROGRAM FOR 2011-12:

NAME	BIRTH DATE	GRADE AS OF SEPT. 2011	BAPTISM CERT. ON FILE*	1ST RECONCILIATION (CHURCH AND DATE)	1ST EUCHARIST (CHURCH AND DATE)	CONFIRMATION (CHURCH AND DATE)

***If the answer is "no", please provide a copy of the baptism certificate as soon as possible. If you are unable to locate it, please call the office of the church where your child was baptized and they will issue a new one to you. This document is **MANDATORY** for receiving sacraments.**

FEES:

Registration Fee (one fee per family) $60.00 if registered with parish

$110.00 if not registered with parish

PLUS Tuition Fee $15.00 per child

Homeschool $50.00 per child

Office use only:

Amount Paid: _____

Check#: _____

Cash: _____

Initials and date: _____