

2016-2017

Religious Education Registration Form

Grades Kindergarten-11th Grade

Student Information

Name _____ M ___ F ___ Grade _____ Birthdate _____
Last First

Address _____
City State Zip

Home Phone _____

This student will be attending classes at (check one)

- Mt. Carmel K-6th grade Sunday 8:50-9:50 **BEGINS – SEPT 18**
- Mt. Carmel 7th-11th grade Sunday 6:30-8:00 (3weeks a month) **BEGINS – SEPT 18**

Tuition: one student \$50, two students \$90, three or more \$120. Sacramental fees – to be announced

Date and place of Baptism _____

Has child made his/her First Communion? ___ Yes ___ No First Reconciliation? ___ Yes ___ No

Are you a registered member of a Parish? ___ Yes ___ No Name of Parish _____

Where did child last attend Religious Education _____ Last grade attended _____

Father/Guardian _____ Religion _____

Email _____ Cell Phone _____

Mother/Guardian _____ Religion _____

Email _____ Cell Phone _____

Special needs, learning disabilities, physical disabilities _____

Emergency Contact: _____

Relationship to child _____ Phone # _____

Emergency Medical Treatment

In the event of an emergency, I hereby give permission to the teachers, volunteers, or representatives to seek emergency care and/or transport my child to a doctor or hospital, and hereby authorize emergency medical treatment. I assume all responsibility for all medical bills that may be incurred.
I relieve the Parish of all responsibility and consequences that may arise as a result of this treatment

Parent Signature: _____ Date: _____