

Grade: \_\_\_\_\_

# Religious Education Registration Form 2015-2016

Are you a registered member of (circle one):

Gate of Heaven *or* Our Lady of Victory

Student Name: \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Place of Birth: \_\_\_\_\_

**Baptism - A copy of BAPTISMAL CERTIFICATE is required for each newly registered student, as well as for students receiving Sacraments, even if you have provided one previously**

Date of Baptism: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Church of Baptism: \_\_\_\_\_

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

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

School: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Father's Cell: \_\_\_\_\_

Mother's First Name: \_\_\_\_\_ Mother's Maiden Name: \_\_\_\_\_

Mother's Cell: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Phone: \_\_\_\_\_

Does your child have any special needs, disabilities, allergies, or conditions that we should know about? \_\_\_\_\_

\_\_\_\_\_

**Please let us know if you can assist in any way with our Religious Education Program!**

### OFFICE USE ONLY

Tuition Pd: **Yes or No** \$25.00 per child; with a maximum of \$60.00 per family.

Amount \$ \_\_\_\_\_ Check # \_\_\_\_\_ or Cash or Catechist/Aide

Tuition Due: \_\_\_\_\_ Grade of Siblings: \_\_\_\_\_