## St. Luke Catholic Church Religious Education/Keysis Registration Form

	Date:				
Head of Household: Last Name:			First Name:		
Spouse (if applicable): Last Name: _					
Mailing Address:					
City:					
Mother: Home Phone #:					
E-mail Address:					
Father: Home Phone #:					
E-mail Address:					
Emergency Contact Person (Other					
Name:	•				
Are you interested in helping with					
If your child/ren needs Baptism HS/KEYSIS: SUNDAY 6:15 PM. PRE Child's Full Legal Name:	EK – 8 <sup>TH</sup> GRADE: WE	DNESDAY		OR SUNDAY 9	9:30 – 10:45am
1			Sun. Wed.	Bapt. Rec. (	Comm. Con.
2			Sun. Wed.	Bapt. Rec. (	Comm. Con.
3			Sun. Wed.	Bapt. Rec. (	Comm. Con.
4			Sun. Wed.	Bapt. Rec. (	Comm. Con.
5		<del></del>	Sun. Wed.	Bapt. Rec. (	Comm. Con.
We NEED a copy of each child's Bir the St. Luke RE/Keysis program, in Tax-Deductable Donation: 1 <sup>st</sup> child: Sacramental Preparation Fee of \$3	<b>2<sup>nd</sup> Grade, or in nee</b> : \$30, 2 <sup>nd</sup> child: \$20.	ed of any o 00, 3 <sup>rd</sup> chil	<b>f the sacramer</b> d: \$10.00, not	<b>nts.</b> to exceed \$60.	00 per family.
Payment plans can be arrang	<u> </u>				•
Provide below any helpful informat other information helpful to	•			-	•

Contact Tricia or Doug if you have any questions regarding the RE/Keysis Program 254-773-1561.

Please fill out the Medical/Liability Release form on the back of this page.

Return registration and donation to the Parish office as soon as possible.