RELIGIOUS EDUCATION PROGRAM SCHOOL YEAR 2015 – 2016 STUDENT NAME:___ Grade____ ADDRESS: _____ Phone:_____ FAMILY EMAIL: (Must be completed.) **Registration Date:**_____ **Fee Paid \$50.00**_____ Check # *Those new to the program must submit a copy of a full Baptism Certificate and a full Birth Certificate. Child lives with: ____ both parents ____ mother ____ father _____Other (name/relationship) Emergency Contact Person Phone _____ School attending **RE Program attended previously (if any):** Parish Name Parish Address Grades completed _____ "Child Lures Program"_____(yes/no) Volunteer Please consider sharing your time and talent with us. I am willing to be a catechist ____ I am willing to be an assistant catechist ____ I am willing to help with office work ____ I am willing to help at special Events or Liturgies I am willing to be a hall monitor during CCD class ****************************** **CHANGES ONLY** If phone number(s) or address has changed, please complete: Address: Phone: (h) (w) Email_