

2006/2007

St. Mark's Office of Religious Education

Registration Form

Registration Fee \$65 per child/ \$120 per family – After September 1st- \$15.00 Late Fee

All new Registrants, First Communion(Gr2), Confirmation Students(Gr8), must attach copy of Baptismal Certificate if not baptized at St. Mark's

FAMILY INFORMATION:

Family Name: _____

Mailing Address: _____

Home Phone: _____ Cell#: _____

Father's Name: _____ Religion _____

Father's Work Number _____

Mother's Name: _____ Religion _____

Mother's Maiden Name: _____ Mother's Work# _____

Legal Guardian, if different from above:

Name _____ Relationship _____

Address: _____ Phone: _____

_____ Work# _____

Emergency Contact Person _____ Phone _____

Special Dismissal/Transportation info: _____

All mail will be addressed to the family as listed. Please note if an ADDITIONAL Family member requires notification.

Name _____

Address: _____

SIGNATURE OF PARENT _____ DATE _____

ASSISTANCE NEEDED: Please indicate the areas where you are willing to assist our Program.

____ Catechist _____ Aide _____
(Grade and day) (Grade and day)

____ Substitute _____ (Grade and day)

Please fill out one section for each child in your family

STUDENT INFORMATION

Please circle preference:

Sunday Morning: Gr. 1-8, 8:45-9:45 am
Sunday Morning: Pre-K & K, 10 - 11 am

Monday Afternoon: Gr. 1-6, 4:00-5:15 pm
Monday Evening: Gr. 6,7,8 - 7:15-8:30pm
Tuesday Afternoon: Gr. 1-5, 4:00-5:15pm

Child's Name: _____ M ___ F ___

Date of Birth: _____ Place of birth: _____

School attending: _____ Grade in Sept: _____

Physical/Learning disabilities: _____

Food allergies : _____ Other needs: _____

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