ST. AGNES - BELLARMINE CHAPEL –ST. FRANCIS DE SALES
ST. CLEMENT
RELIGIOUS EDUCATION

2010 SUMMER RELIGION PROGRAM REGISTRATION

CHILD'S NAME_____
first last (nickname or name commonly used)

DATE OF BIRTH_____PARISH_____

ADDRESS_____
street city/state zip

FAMILY HOME PHONE_____ FAMILY EMAIL_____

SCHOOL_____ GRADE_____

FATHER_____ PHONE _____ _____
name cell work

MOTHER_____ PHONE_____ _____
name cell work

EITHER PARENT'S ADDRESS/PHONE IF DIFFERENT THAN CHILD'S:

_____

Are parents divorced? _____ Custodial parent? _____

Please check sacraments received:
___ Baptism ___ Eucharist ___ Reconciliation ___ Confirmation

NAMES OF SIBLINGS IN PROGRAM_____

PLEASE let us know if there is anything about your child that we should be aware of and that will help us teach him/her more effectively. Be sure to include any fears or concerns your child has:

Condition	NO	YES	EXPLAIN
Food or other allergy			
Medical condition			
Learning disability			
Other			

Would you be willing to volunteer in the class? yes_____ no_____
Full time (yes/ no) _____ Part time (circle best day of the week) M T W TH F

Parent signature_____**Date**_____

Fee: $75.00 for students in participating parishes, $100.00 for students from other parishes.

(For office use only) _____ Check #_____ Date_____
Distribution: (books/other children)_____