

**RE-REGISTRATION
2009 – 2010**

The following child/children will return to Religious Education.

NAME: LAST, FIRST	SCHOOL	GRADE	SUN. 9A.M. PRE-K	MON. 4:30P.M. 1-6	TUES. 4:30P.M. 1-4	WED. 7:15P.M. 5-8
1. _____	_____	_____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____	_____	_____

FATHER'S NAME (FIRST) _____ (LAST) _____

OCCUPATION _____ BUS. PHONE NO. _____

MOTHER'S NAME (FIRST) _____ (LAST) _____

OCCUPATION _____ BUS. PHONE NO. _____

STUDENT'S ADDRESS _____

CITY _____ ZIP _____ E-MAIL _____

EMAIL ADDRESS IS REQUIRED

PHONE (HOME) _____ EMERGENCY _____

(Other than above)

SINGLE PARENT (YES) ___ (NO) ___ GUARDIAN'S FULL NAME _____

ARE THERE MEDICAL or LEARNING CONSIDERATIONS THAT THE RELIGIOUS EDUCATION OFFICE SHOULD BE AWARE OF TO BETTER CATECHIZE YOUR CHILD?

NOTE: If your child has an IEP, please provide a copy for the R.E. Office

PLEASE UPDATE THIS INFORMATION EVERY YEAR

NAME OF CHILD _____ **CONFIDENTIAL INFORMATION** _____

FEE ENCLOSED _____

PLEASE LIST ANY OTHER INFORMATION ON THE BACK OF THIS FORM THAT WILL ASSIST US IN TEACHING YOUR CHILD.

RETURN THIS FORM, THE COMPLETED VOLUNTEER SHEET, AND FEE IN THE ENCLOSED ENVELOPE. THANK YOU FOR YOUR REGISTRATION.