



Religious Education Program NEW STUDENT Registration Form 2018-2019

Please fill out one form per child. Please print. Return to Religious Education Office by **June 15th**.

Student Name: _____
(First) (M.I.) (Last)

Gender: _____ Birth City/State: _____ D.O.B. _____

Special Health/Learning Concerns: _____

Upcoming Grade as of September 2018: _____ Child's School: _____

Previous Religious Education Years: _____ Location: _____

Student's Sacrament Information

Church* of Baptism: _____ City/State: _____ Date: _____

Church* of 1st Reconciliation: _____ City/State: _____ Date: _____

Church* of 1st Eucharist: _____ City/State: _____ Date: _____

Student's FAMILY Information

Last Name (if other than child's): _____

Home Address: _____

City: _____ State: _____ Zip Code: _____ Home Phone: _____

Family E-mail Address (es): _____

Cell Phones: Father's: _____ **Mother's:** _____

Name: Father's: _____ Mother's: _____ Maiden Name: _____

Religion: Father's: _____ Mother's: _____

Marital Status (Please check): Married Widowed Divorced Single Parent

Is there a Custody Agreement: Yes No Please provide STV with a copy: _____ (date rec'd)

With whom does the child reside: _____

Parent who can help with the Religious Education Program: _____

Please check areas in which you can help:

REP Teacher Classroom Aide Substitute Hall Monitor Parking Lot Monitor

Please indicate your choice of Session and return by **June 15, 2018*.**

Sunday classes **Wednesday classes** **Home School**

*Please note all new and returning registrations received after June 15, 2018, are subject to a \$50.00 late fee.
All families must also submit the **Stewardship Covenant/Re-Registration Form**.

For Office: _____ Date Rec'd _____