ST. PATRICK'S - GRETNA
RELIGIOUS EDUCATION REGISTRATION FOR K-9TH 2017-2018

FAMILY NAME: _____

MOTHER'S NAME:_____
Home ph.:_____
Work ph.:_____ Cell ph.:_____
Email: _____

FATHER'S NAME:_____
Home ph.:_____
Work ph.:_____ Cell ph.:_____
Email: _____

Street Address:_____

City: _____ State: _____ Zip: _____

ARE YOU REGISTERED WITH THE PARISH?
Y N

If not please register.

ADDITIONAL CONTACT: _____
Relation:_____ Phone #:_____

ADDITIONAL INFORMATION (allergies, learning/behavioral issues, etc.):
_____
_____

REGISTRATION INFORMATION:

Each child will be enrolled on a "first come, first served" basis, and there is no guarantee for first choice of class days.

AVAILABLE CLASS TIMES:
SUNDAY 8:55-9:55 K-9th
WEDNESDAY 4:00-5:00 K-8th
WEDNESDAY 5:30-6:30 K-8th
WEDNESDAY 7:00-8:00 K-8th
WEDNESDAY 7:00-8:30 9th

Child's Name:_____
Grade in Fall '17:_____ Circle one:
Birthday:____/____/____ Boy Girl
1st class choice: _____
2nd class choice:_____
Baptized? Y N
At St. Pat's? Y N
(If not at St. Pat's please provide the office with a copy of their Baptismal Certificate if you have not done so already.)
1st Reconciliation? Y N
1st Communion? Y N
Confirmed? Y N

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TUITION:
For 1-2 children:
# of children ____ x $75 = $_____
For 3 or more children:
Total fees = $210
NOTE: Tuition is waived for teachers and co-teachers. **No child will be refused if unable to pay, so please contact the RE Office if you need financial assistance.**

If you are in need of carpooling please contact the Religious Ed. office.

OFFICE USE ONLY: Received Date _____ Check #_____ Amount $_____ Cash $_____ Waived _____