

## RELIGIOUS EDUCATION REGISTRATION FORM 2024 – 2025 Grades K – 6

## New students to the program need to submit a copy of their Baptismal Certificate

Grades K – 4 meet on Sundays Grades 5 & 6 meet on Wednesday Nights 7 – 8pm Father's Name Religion Address \_\_\_\_\_ Cell # \_\_\_\_\_ Home # \_\_\_\_\_ Email Address Mother's Name Religion Address \_\_\_\_\_ Home # \_\_\_\_\_ Cell # Email Address Child/Children in care of Both Parents Mother Father Guardian **STUDENT(S) INFORMATION:** \_\_\_\_\_ Sex (M or F) Date of Birth \_\_\_\_\_ Grade in Sept. \_\_\_\_\_ Grades K – 4, check appropriate session \_\_\_\_ 9:20 am or \_\_\_\_11:10 am Other \_\_\_\_\_\_ School LPES LPMS Name \_\_\_\_\_ Sex (M or F) Date of Birth \_\_\_\_\_ Grade in Sept. Grades K – 4, check appropriate session 9:20 am or 11:10 am School LPES LPMS Other \* Name Sex (M or F) Date of Birth Grade in Sept. Grades K – 4, check appropriate session 9:20 am or 11:10 am School LPES LPMS Other **Media Consent Form:** Would you allow your child/ren's photos to be shown in the parish bulletin, parish website, or the Beacon? Yes, I would allow.

Parent Signature 

Learning Concerns	Learning Concerns/Needs: Please explain briefly.				
Allergies important	to know:				
Yes, I would like to be involved in our program, helping in some capacity, please sign below. The gifts and talents of folks are always appreciated.					
			Signature		
FEES:	1 Child 2 Children 3 or more Children First Holy Communion Sacramental Fee Kindergarten Only	\$ 75.00 \$100.00 \$130.00 \$ 30.00			
Due by Aug. 1st!					
A <u>LATE FEE</u> OF <u>\$20.00</u> WILL BE ASSESSED FOR ALL REGISTRATIONS <u>RETURNED AFTER 8/1/2024</u>					
<b>▼ PLEASE DO NOT WRITE IN THIS BOX</b>					
FOR OFFICE USE ONLY Registration Fee: \$					
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		•	ф		
Allei Au	igust 1 <sup>st</sup> Late Fee – \$20	/ <b>=</b>	<b>\$</b>		

FOR OFFICE USE ONLY				
Registration Fee:	<b>5</b>			
1 <sup>st</sup> Communion Sacramental Fee – \$30:	\$			
After August 1 <sup>st</sup> Late Fee – \$20:	\$			
TOTAL:	\$			
Baptism (Parish & Town, if applicable):				
Cash Check # Date Received Initials				