

# REGISTRATION

2017-2018

Please return form by July 1st. Fees are to be paid by September 1st. Fees are \$50.00 per child in parish; \$55.00 out of parish. Maximum per family is \$130.00. *Give grade of 2017-2018 for child.*

Family Name \_\_\_\_\_  
Father \_\_\_\_\_  
Mother \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_ Emergency phone \_\_\_\_\_  
E-mail \_\_\_\_\_

Child 1 \_\_\_\_\_  
Birthdate \_\_\_\_\_ Baptism Date \_\_\_\_\_  
Eucharist received yes\_\_no\_\_  
Grade \_\_\_\_\_ School attending \_\_\_\_\_  
Allergies/special needs: \_\_\_\_\_

Child 2 \_\_\_\_\_  
Birthdate \_\_\_\_\_ Baptism Date \_\_\_\_\_  
Eucharist received yes\_\_no\_\_  
Grade \_\_\_\_\_ School attending \_\_\_\_\_  
Allergies/special needs \_\_\_\_\_

Child 3 \_\_\_\_\_  
Birthdate \_\_\_\_\_ Baptism Date \_\_\_\_\_  
Eucharist received yes\_\_no\_\_  
Grade \_\_\_\_\_ School attending \_\_\_\_\_  
Allergies/special needs \_\_\_\_\_

Child 4 \_\_\_\_\_  
Birthdate \_\_\_\_\_ Baptism Date \_\_\_\_\_  
Eucharist received yes\_\_no\_\_  
Grade \_\_\_\_\_ School attending \_\_\_\_\_  
Allergies/special needs \_\_\_\_\_

Fees Due \_\_\_\_\_