

# REGISTRATION

2024-2025

Please return form as soon as possible. Fees are to be paid by October 1<sup>st</sup>. Fees are \$50.00 per child in parish; \$55.00 out of parish. Maximum per family is \$130.00. *Give grade of 2024-2025 for child(ren).*

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 \_\_\_\_\_