

**RELIGIOUS EDUCATION PROGRAM
SAINT MARY'S, STORM LAKE
2007 – 2008
Registration for Kindergarten through Grade 10**

Parent(s) Responsible for child _____

Address _____ City _____ ZIP _____

Home Phone _____ Cell Phone _____ Father or Mother – circle one

Father's work phone _____ Mother's work phone _____

E-mail is used only to notify you of cancellations or other important information. Please put only the ones you want to use in those circumstances.

Home E-mail _____ Work E-mail _____ Father or Mother – circle one

EMERGENCY CONTACT: Please give us the name of a friend or relative we could contact if we are unable to reach you in an emergency.

Name _____ Phone _____ Relation _____

Child's First Name				
Child's Last Name				
School Grade 07-08				
School				
Date of Birth				
Male / Female	M / F	M / F	M / F	M / F
Baptized	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Received 1 st Reconciliation	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Received 1 st Communion	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Received Confirmation	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Any Physical or Learning Disabilities?				

I hereby grant permission for the students named above to participate in approved parish functions and faith experiences which are a part of the parish Religious Education program throughout the coming year.

Parent/Guardian _____ Date _____

FEES: \$50 – 1 child
 \$75 – 2 children
 \$100 – 3 or more - Maximum Fee Per Family

Total amount due: _____
 Total amount paid: _____ Cash _____ Check # _____
 Balance Due: _____