

FAMILY LAST NAME: _____

Date _____

ST. ANDREW'S RELIGIOUS EDUCATION REGISTRATION

Names of **ADULT**(s) child/children live with:

Adult's First _____ Last _____ Religion _____

Adult's First _____ Last _____ Religion _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____

Home Phone Number: _____ Cell Phone Number: _____

Emergency Contact Person: _____

Relationship: _____ Phone Number: _____

*Please list children (oldest to youngest who will be attending Religious Education Classes and **check** which sacraments they have received.*

Child's First and Last Name	Grade	Baptism	Penance	Eucharist
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Please list any special needs and medical information we should know: _____

Religious Education fees are \$30.00 per child.

If you are unable to pay the fee at registration time, please contact Fr. John or Christy Funk @754-2739.

If you are teaching a religion class for the full year there are no religion class fees for your child/ren.

If you are teaching a religion class for half a year, fees are \$15.00 for each child.

PAID _____ CHECK# _____ UNPAID _____ WILL PAY BY: _____