

ST. EDWARD PARISH OFFICE OF RELIGIOUS EDUCATION
E-Z REG. ANNUAL FAMILY FORM

PLEASE PRINT: **Current Email** _____

Last Name of Students _____ **Address of Students** _____

Father _____ **Phone (Daytime)** _____ **(Evening)** _____
 First **Last**

Mother _____ **Phone (Daytime)** _____ **(Evening)** _____
 First **Maiden** **Last**

With whom do students live? Both parents _____ Other (specify) _____

To whom should correspondence be sent? (Circle) Mr. & Mrs./Mr./Mrs./Ms Registered in Parish? (Circle) Yes / No

Please PRINT: Names of Children	Sex M – F	Date of Birth	Grade level in Sept., 2011	Parish of Baptism * City and State
1.				
2.				
3.				
4.				

* Please list any students currently attending Catholic school who will return for Confirmation.

Please describe any challenging learning styles, physical restrictions or life changes your child may be experiencing so that we may more adequately meet your child's needs. If you would prefer to speak with Religious Ed. Office personnel, please indicate a time and telephone number most convenient to contact you, or feel free to call us weekdays at 6150.

I _____ **will teach grade** _____ **(2—10).**

I _____ **will substitute for grade** _____ **(2—8)**

I _____ **will coordinate grade** _____ **(1—8)**

OFFICE USE ONLY

Date of Registration: _____

Tuition: \$ _____ + Additional Fees: \$ _____ Check No. _____ Cash _____

TOTAL AMOUNT DUE: \$ _____ **Amount Paid:** \$ _____ **Balance Due:** \$ _____