2009-2010

Address or phone # Change ☐

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., 2009**	**Parish of Baptism * City and State**
1.				
2.				
3.				
4.				

Baptismal Information: * An original Baptismal certificate must be submitted for **all children who are** making First Communion or Confirmation if not already on file.

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—10)

I ____________________________________will coordinate grade _______(1—10)

* *

OFFICE USE ONLY

Date of Registration: _____________

Tuition: $_____________ + Additional Fees: $_______________ Check No._____________ Cash _____________

TOTAL AMOUNT DUE: $____________________ Amount Paid: $______________ Balance Due: $____________