



OFFICE OF RELIGIOUS EDUCATION AT SAINT LOUIS PARISH

FAMILY REGISTRATION FORM 2009–2010

FAMILY NAME _____ PARISH ENVELOPE NO. _____

Last Name *First Name of Head of Household*

Our Family is enrolled in the Parish: YES NO Registration is required to enroll in Religious Education classes.

NAME(S) & AGE(S) OF CHILD(REN) BEING ENROLLED (Include Last Name(s) if different)

CHILD 1: NAME _____ AGE _____ Enroll in RE Grade _____

CHILD 2: NAME _____ AGE _____ Enroll in RE Grade _____

CHILD 3: NAME _____ AGE _____ Enroll in RE Grade _____

CHILD 4: NAME _____ AGE _____ Enroll in RE Grade _____

Child(ren) in residence with: Mother & Father Mother Only Father Only Joint Custody Legal Guardian/Other _____

PARENT 1: FATHER MOTHER GUARDIAN: _____

Last Name, First Name _____ Religious Affiliation _____ Primary Language at Home _____

Address _____ City _____ State _____ Zip _____

Phones:
Home _____ Work _____ Cell _____ Other _____

Email:
Home _____ Work _____

PARENT 2: FATHER MOTHER GUARDIAN: _____

Last Name, First Name _____ Religious Affiliation _____ Primary Language at Home _____

Address _____ City _____ State _____ Zip _____

Phones:
Home _____ Work _____ Cell _____ Other _____

Email:
Home _____ Work _____

MEDICAL CONTACT INFORMATION

Designating a person to contact in the event of your child's medical emergency (who is NOT the parent/legal guardian) is REQUIRED for enrollment in the RE Program. In a medical emergency, parents/legal guardians will be contacted first. Only if parents/legal guardians are not available, this designated medical contact will have consent authority for medical treatments as necessary.

Medical Contact Name _____ Relationship to Child: _____

Phones: Home _____ Cell _____ Work _____ Other _____

Address/City/State/Zip _____

CCD PROGRAM TUITION (GR. K,1-9,HS)	Tuition Rate	Amt. Due	DATES TO REMEMBER Before June 1, 2009 <i>Early Bird Discount: Deduct \$20.00!</i> After August 1, 2009 <i>Late Application Fee: Add \$20.00</i> After September 1, 2009 <i>Change Request Fee \$5.00/child/change</i> After September 15, 2009 <i>Change Request Fee \$10.00/child/change</i> September 30, 2008 <i>Last Day to request schedule changes.</i>	Make checks payable to: ST. LOUIS PARISH <hr/> RE OFFICE USE ONLY Payment Date: _____ <input type="checkbox"/> Check # _____ <input type="checkbox"/> Cash: \$ _____ <input type="checkbox"/> Paid in Full <input type="checkbox"/> Balance \$ _____
1 Child	\$75.00			
2 Children	\$100.00			
3 or more Children	\$125.00			
OTHER REQUIRED FEES				
First Penance/Communion Ceremonial Fee (Gr. 2 / SPW)	\$25.00			
Confirmation Ceremonial Fee (Gr. 8)	\$35.00			
Late Fee (after August 1, 2009)	\$20.00			
TOTAL TUITION & FEES				