

[illegible]

Student Name #1	DOB	Current Grade
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Is your child Baptized? **Made First Communion?**

Student Name #2	DOB	Current Grade
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Is your child Baptized? **Made First Communion?**

Student Name #3	DOB	Current Grade
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Is your child Baptized?	Made First Communion?
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Mother's Name (F, M, L & Maiden)(phone #)

Father's Name (F, M, L)(Phone #)

Mailing Address _____

Contact Number(s)

Please note primary Contact above

Email address: _____

EMERGENCY CONTACT INFORMATION: In the event the parent or guardian cannot be reached,

Name	Relationship	Phone #
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Medical Release: In the event the undersigned cannot be reached and in the judgement of the Director of Religious Education (DRE) or other person responsible for the program/group, or other appropriate staff member and there is a necessity for immediate examination and/or treatment of my child/children, I hereby authorize any of the aforesaid personnel to obtain such medical services as deemed necessary.

Parent Signature _____ Date _____

CONFIDENTIAL Medical information and/or special needs (allergies, learning, etc.) _____

Tuition Total: _____
 Fee Total: _____
 Late Fee: _____
 Total Amount: _____

Tuition Due: Date Paid: Baptismal Certificate received:

~~Tuition Paid: Check #: PDS: Tuition Balance Due:~~