

**ST. ISIDORE PARISH RELIGIOUS EDUCATION PROGRAM
2017-2018 REGISTRATION FORM**

Registration Fee:

1 child: \$100

2 children: \$175

Each additional child: \$30

PERSONAL INFORMATION

PLEASE PRINT

Date: _____

Child's Name: _____ Date of Birth: _____

Child's Address: _____

Father's Name: _____ Religion: _____

Mother's Name: _____ Religion: _____

Mother's Maiden Name: _____

Home phone # _____ Father cell# _____

Mother cell # _____ Home email address: _____

Child lives with: Mother _____ Father _____ Both _____ Other relative _____

School presently attending: _____ Grade in school _____

Anticipated grade in our program for 2017-18: _____

Sacramental Information:

Baptism Church _____ **Date:** _____

First Reconciliation Church _____ **Date:** _____

First Communion Church _____ **Date:** _____

All student's families must be registered at St. Isidore Parish, so please provide the program with Church envelope # _____.

Emergency Contact:

Name: _____ Phone #: _____

Relationship to student: _____

Please indicate if student has any known allergy that this program should be made aware of:

AMOUNT PAID: _____ CASH _____ CHECK# _____