

ST. RONALD RELIGIOUS FORMATION OFFICE REGISTRATION FORM

For office use only

Total Tuition due: _____ Total paid today: _____ CK#/CASH: _____ Date received: _____
 Catechist _____ Co-Catechist _____ Catechist Aide _____ Office Help/Hall Monitor _____ CLOW _____

FAMILY NAME: _____
 STREET ADDRESS: _____
 CITY: _____ ZIP CODE: _____
 HOME PHONE: (____) _____ UNLISTED? Y N
 EMAIL ADDRESS: _____

Grades 1 through 8
 Classes will be held on Tuesday: **Choose**
 4:30 session _____ 6:30 session _____

Is your child up to date on all
 Sacraments? Y N

ARE YOU REGISTERED MEMBERS OF ST. RONALD? Y N If YES – Envelope # _____

IF NO, WHERE? _____

===== PARENTS/GUARDIANS =====

NAME: _____
 RELATIONSHIP TO CHILD: _____
 BUSINESS: _____
 BUS/CELL PHONE: (____) _____
 RELIGION: _____
 MARITAL STATUS: _____

NAME: _____
 RELATIONSHIP TO CHILD: _____
 BUSINESS: _____
 BUS/CELL PHONE: (____) _____
 RELIGION: _____
 MARITAL STATUS: _____

===== EMERGENCY CONTACT =====

In an emergency, WE WILL TRY TO CONTACT THE PARENTS FIRST. If we are unable to reach you, we will contact the following:
 (Preschool parents are expected to be at Mass, please inform the teacher if you will not be in church each week.)

NAME: _____
 RELATIONSHIP TO THE CHILD: _____
 ADDRESS: _____
 CITY: _____
 (PLEASE BE SURE IT IS SOMEONE WHO IS LOCAL)
 PHONE: (____) _____

COMMENTS: _____

===== STUDENT INFORMATION =====

1. Student Name _____ Grade this fall: _____ Sex: ____ Birth date: ____/____/____
 Religion: _____ School Attending: _____ Church of Baptism: _____
 Attended here before? Y N First Communion? Y N Church: _____ when: ____/____/____
 Confirmation: Y N where? _____ Special Needs: (is your child on medication?) _____

Remarks: _____

2. Student Name _____ Grade this fall: _____ Sex: ____ Birth date: ____/____/____
 Religion: _____ School Attending: _____ Church of Baptism: _____
 Attended here before? Y N First Communion? Y N Church: _____ when: ____/____/____
 Confirmation: Y N where? _____ Special Needs: (is your child on medication?) _____

Remarks: _____

3. Student Name _____ Grade this fall: _____ Sex: ____ Birth date: ____/____/____
 Religion: _____ School Attending: _____ Church of Baptism: _____
 Attended here before? Y N First Communion? Y N Church: _____ when: ____/____/____
 Confirmation: Y N where? _____ Special Needs: (is your child on medication?) _____

Remarks: _____

Classes FOR GRADES 1-8 meet on Tuesday afternoon and evenings during the school year, beginning in September. Please choose the session time above.

**PLEASE COMPLETE BOTH SIDES OF THIS FORM
 THIS FORM MUST BE SIGNED BY AN ADULT ON THE REVERSE SIDE**

===== **FILL OUT OTHER SIDE** =====

FIRST=====

4. Student Name _____ Grade this fall: _____ Sex: ____ Birth date: ____/____/____
Religion: _____ School Attending: _____ Church of Baptism: _____
Attended here before? Y N First Communion? Y N Church: _____ when: ____/____/____
Confirmation: Y N where? _____ Special Needs: (is your child on medication?) _____

Remarks: _____

5. Student Name _____ Grade this fall: _____ Sex: ____ Birth date: ____/____/____
Religion: _____ School Attending: _____ Church of Baptism: _____
Attended here before? Y N First Communion? Y N Church: _____ when: ____/____/____
Confirmation: Y N where? _____ Special Needs: (is your child on medication?) _____

Remarks: _____

I have received a copy of the Video/Photography Release Form and have read it.

PARENT SIGNATURE _____ **DATE** _____

===== **BIRTH PARENT INFORMATION** =====

If your child is not living with both his/her parents, and the other parent needs information mailed to him/her, please fill in the following information:

Name: _____

Relationship to the child: _____

Address: _____

City, State, Zip: _____

Phone: _____

Business Phone: _____

Religion: _____ Marital Status: _____

Tuition Schedule: 1 child \$90.00, 2 children \$170.00, 3 or more children \$225.00

All tuition is due by the first day of class unless other arrangements are made with the Director.

No child will be left out because of money, please see the Director.