

SAINT AUGUSTINE RELIGIOUS EDUCATION PROGRAM SCHOOL YEAR 20__ TO 20__
REGISTRATION FORM

Today's Date:	NEW STUDENT ()	RETURNING STUDENT ()	
STUDENT INFORMATION			
<u>Please Print Clearly</u>			
Student's last name:	First name:	Middle:	
Street Address:			
City:	State:	Zip:	
PLEASE CHECK ONE:			
GRADE 1 () OR SPECIAL 1 () 6 Years Old	GRADE 2 () OR SPECIAL 2 () Saturday 11:30 am - 12:30 pm	GRADE 3 ()	
GRADE 4 ()	GRADE 5 ()	GRADE 6 () OR SP 6 ()	
Parent's Best Email (Required):	Home phone no.:	Cell phone no.:	
Name of School Currently Attending:	Grade (This School Year):	Is Your Child Baptized? Yes () No ()	
To be able to differentiate the curriculum to fit the learning needs of each child please answer the following:	Child's Birth Date:		
Is your child in Special Education? Yes () No ()	Day/Time: Thursday () 4:30-5:30	Name of Church:	
	Day/Time: Sat 9-10 () 10:15-11:15 ()		
If yes, please specify any special needs or accommodations required for your child:			
Parent's Name	Married in the Catholic Church? Best phone no.	Email (Required)	
Mother	Yes () No ()	Work: Cell: Home:	
Father	Yes () No ()	Work: Cell: Home:	
Are either or both Registered Parishioners?	Mother only ()	Father only ()	
IN CASE OF EMERGENCY			
Name of local friend or relative (not living at same address):	Relationship to student:	Home phone no.:	Alternate phone no.:

MEDICAL HISTORY: (List any medical conditions of which the office needs to know. Please include allergies, asthma, seizures, heart conditions, medications, etc.)

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ACCOUNTING

SHEDULE OF TUITION/FEES	GRADE 1 or SPECIAL 1	GRADE 2 or SPECIAL 2	GRADE 3	GRADE 4	GRADE 5	GRADE 6 or SP 6
1 STUDENT	\$	\$	\$	\$	\$	\$
2 STUDENTS SAME FAMILY	\$	\$	\$	\$	\$	\$
3 STUDENTS SAME FAMILY	\$	\$	\$	\$	\$	\$
LATE REGISTRATION FEE	\$	\$	\$	\$	\$	\$
YARD MONITOR FEE	\$	\$	\$	\$	\$	\$
Gr 2 1 st Communion Books		\$				
Gr 2 Agape Dinner Student		\$				
Gr 2 Agape Dinner Guest or Guests		\$				
Gr 6 Recollection/Retreat Fee						\$
TOTAL RECEIVED	\$	\$	\$	\$	\$	\$
CHECK NUMBER:		CASH ()	DATE RECEIVED:		BALANCE:	\$

X

PARENT SIGNATURE

DATE

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