

**ST. RITA CHURCH  
RELIGIOUS EDUCATION REGISTRATION FORM  
2016-2017**

**SCHEDULE: June 16, 17, 30, and July 1 – from 7:30 a.m. to 1:30 p.m.**

CHILD'S FULL NAME:

Student's name (last, first, middle) \_\_\_\_\_

Address \_\_\_\_\_ City/State \_\_\_\_\_ Zip \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

**NOTE: K/2<sup>nd</sup> grade/Confirmation students must submit a baptismal certificate with registration.**

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Father's Name \_\_\_\_\_ Work Phone \_\_\_\_\_ Home \_\_\_\_\_

Mother's Name \_\_\_\_\_ Work Phone \_\_\_\_\_ Home \_\_\_\_\_

Mother's Address \_\_\_\_\_

Guardian's Name \_\_\_\_\_ Work Phone \_\_\_\_\_ Home \_\_\_\_\_

Guardian's Address \_\_\_\_\_

School Currently Attending: \_\_\_\_\_ Religion Grade Level for 2016-2017 \_\_\_\_\_

**EMERGENCY NUMBERS**

NAME	PHONE NUMBER
1 <sup>st</sup> _____	_____
2 <sup>nd</sup> _____	_____

**ANY MEDICAL PROBLEMS:** \_\_\_\_\_

.....  
PARENT'S SIGNATURE: \_\_\_\_\_

\_\_\_\_\_ I agree to allow my child to participate in the Safe-Environment session.

\_\_\_\_\_ I do not allow my child to participate in the Safe-Environment session.

REGISTRATION FEE: \$15.00 a child or \$25.00 a family LATE FEE: \$10.00 (After June 3, 2016)

FOR OFFICE USE ONLY:

PAID BY: CASH: \_\_\_\_\_ CHECK: \_\_\_\_\_ NUMBER: \_\_\_\_\_