

2017-18

REGISTRATION FORM

ST. ROBERT BELLARMINI RELIGIOUS EDUCATION

(401) 232-9321

Office Hours: 9:00 - 3:30

(Note: All information is kept in strict confidentiality)

Room Assignment

Grade: ___ Room: ___

Date ___/___/2017

STUDENT'S NAME: (LAST) (FIRST) (Middle)

(Circle one) Male Female

ADDRESS (City) (Zip) HOME PHONE

CELL (DAD) CELL (MOM) FAMILY E-MAIL ADDRESS

Date of Birth: School: Grade in September:

I WISH TO REGISTER MY CHILD FOR: Please indicate GRADE IN SEPTEMBER. (circle one) K, 1, 2, 3, 4, 5, 6, 7, 8, 9, 10

FATHER'S NAME: MOTHER'S (FIRST & MAIDEN)

FATHER'S RELIGION: MOTHER'S RELIGION:

WHEN SENDING MAIL, ADDRESS TO (CHOOSE ONE): Mr./Mrs., Mr., Mrs., Ms., Miss, Dr./Mrs., Mr./Dr., other (Circle one)

IF PARENTS ARE SEPARATED OR DIVORCED, WITH WHOM DOES THE CHILD RESIDE?

PLEASE LIST ANY INFORMATION WE SHOULD HAVE ON FILE: LEARNING, DISABILITIES, HANDICAPS, ALLERGIES, ETC.

IF YOUR CHILD IS ENTERING THE PROGRAM FOR THE FIRST TIME, PLEASE PROVIDE COPIES OF THE FOLLOWING INFORMATION

BAPTISM: DATE CHURCH CITY, STATE
1st COMMUNION: .

IN THE EVENT OF AN EMERGENCY (IF WE ARE UNABLE TO REACH YOU) PLEASE CONTACT THE FOLLOWING PERSON(S):

Name: Relationship to Student:
Address: City/Town:
Phone Number(s) (Home) (Cell):

REGISTRATION FEE: \$25 PER CHILD (\$60 FAMILY LIMIT). Registration Fee Waived for children of CCD Teachers.

Make checks payable to "St. Robert Bellarmine Church". Registration form and fees can be mailed to the Religious Education Office, placed in an envelope (marked Religious Education) and placed in the collection basket at weekend Masses or dropped off at the rectory during office hours. All students enrolled in Grades 9, 10 will make a retreat. Retreat Fee (\$25) will be collected in the month prior to Retreat date. With the exception of new students to the St. Robert's Religious Education program, Students should be register by July 31st. A late fee of \$10 per child will be added to the registration fee starting August 1st

PARENT or GUARDIAN SIGNATURE:

OTHER SIBLINGS IN RELIGIOUS EDUCATION:
Name: Grade:
Name: Grade:
Name: Grade:

Would you like to be a teacher Yes: No:
If yes, what grade would you like to teach?
Would you like your child in your class?
If you cannot be a teacher, can you be a substitute teacher? Yes: No:

Date Registration Received:
Payment Received: Check #: Cash:
Registration Fee - \$25 per child:
(Family Maximum of \$60)
Retreat Fee - \$25:
Late Fee (per child) (after July 31st) - \$10:

+++++ Office Use +++++