

2008-2009

Address or phone # Change

ST. EDWARD PARISH OFFICE OF RELIGIOUS EDUCATION
E-Z REG. ANNUAL FAMILY FORM

PLEASE PRINT:

Email _____

Last Name of Students _____ **Address** of Students _____

Father _____ **Phone (Daytime)** _____ **(Evening)** _____
 First **Last**

Mother _____ **Phone (Daytime)** _____ **(Evening)** _____
 First **Maiden** **Last**

With whom do students live? Both parents _____ Other (specify) _____

To whom should correspondence be sent? (Circle) Mr. & Mrs./Mr./Mrs./Ms Registered in Parish? (Circle) Yes / No

Please PRINT: Names of Children	Sex M – F	Date of Birth	Grade level in Sept., 2008	Parish of Baptism * City and State
1.				
2.				
3.				
4.				

Baptismal Information: * An original Baptismal certificate must be submitted for **all children who are** making First Communion or Confirmation if not already on file.

Please describe any challenging learning styles, physical restrictions or life changes your child may be experiencing so that we may more adequately meet your child's needs. If you would prefer to speak with Religious Ed. Office personnel, please indicate a time and telephone number most convenient to contact you, or feel free to call us weekdays at 6150.

I _____ **will teach grade** _____ **(2—10).**

I _____ **will coordinate grade** _____ **(2—6).**

OFFICE USE ONLY

Date of Registration: _____

Tuition: \$ _____ **+ Additional Fees:** \$ _____ **Check No.** _____ **Cash** _____

TOTAL AMOUNT DUE: \$ _____ **Amount Paid:** \$ _____ **Balance Due:** \$ _____