

St. Bridget _____ St. Bartholomew _____
(Please check the church with whom you are registered)

Office Use _____

2017-2018 Religious Education Program -Registration Form for Grades PreK - 8
REGISTRATION DATES – at St. Bartholomew’s Apr. 2nd, 3rd, 4th, 5th or at St. Bridget’s Apr. 18th, 23rd

FATHER’S FULL NAME _____

ADDRESS _____
Street Town Zip

HOME PHONE# _____ **EMERGENCY PHONE #** _____ **Cell Phone #** _____

***Email:** _____ **Is it ok to contact you by email?** ___ Y ___ N

MOTHER’S FULL NAME (include maiden name) _____

ADDRESS _____
Street Town Zip

HOME PHONE# _____ **EMERGENCY PHONE #** _____ **Cell Phone #** _____

***Email:** _____ **Is it ok to contact you by email?** ___ Y ___ N

Child (ren) reside(s) with () Both Parents () Mother () Father

Received 1st Communion ___ Y ___ N

Place of last completed year of Rel. Ed. _____

Is this the 1st time you have enrolled your child(ren) in St.Bart’s/St. Bridget’s Rel. Ed program ___ Y ___ N

Please check in which class you wish your child (ren) to be enrolled.

Sunday grades PreK-6 (8:30-9:45 AM) _____

Tuesday grades K-5 (3:45-5:00 PM) _____

Wednesday grades K-5 (3:45-5:00 PM) _____

Monday grades 6-8 (6:45-8:00 PM) _____

<u>Child (ren)’s Full Name</u>	<u>Grade (next year)</u>	<u>School</u>
(M/F) _____	_____	_____
_____	_____	_____
_____	_____	_____

Any special emotional or medical problems or learning disabilities of which we should be aware?

Please include payment with registration form

() Number of children attending grades PreK, K-8 1st time enrollment ___ Y ___ N

\$85 per child with a family maximum of \$255. *Early bird special \$75 per child if registered by May 15th

No child will be denied Religious Education. If there are financial issues, please call Denise @ 860-646-1613 ext. 105

*You may also go to our website, fill out the registration form & pay online.

TOTAL REGISTRATION FEE ENCLOSED: \$

PAID ONLINE: \$

- OFFICE USE ONLY -

Class List _____ Sacramental Information _____ Phone Index (Rel. Ed.) _____

P.D.M.S. _____ New _____ Amt.Pd. _____ Ck. # _____

Medical Form _____ Date Rec’d _____