

# RESURRECTION FAITH FORMATION 2018-2019

STUDENT 1: \_\_\_\_\_ GRADE: \_\_\_\_ SCHOOL: \_\_\_\_ DOB: \_\_/\_\_/\_\_

STUDENT 2: \_\_\_\_\_ GRADE: \_\_\_\_ SCHOOL: \_\_\_\_ DOB: \_\_/\_\_/\_\_

STUDENT 3: \_\_\_\_\_ GRADE: \_\_\_\_ SCHOOL: \_\_\_\_ DOB: \_\_/\_\_/\_\_

ADDRESS: \_\_\_\_\_ CSZ: \_\_\_\_\_ APT# \_\_\_\_\_

HOME PHONE# \_\_\_\_\_ CELL # \_\_\_\_\_ WORK# \_\_\_\_\_

In case of emergency contact the following:

NAME: \_\_\_\_\_ PHONE# \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

E-MAIL: \_\_\_\_\_

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### \*\*\*NEW REGISTRATION ONLY\*\*\*

STUDENT NAME: \_\_\_\_\_

FATHER \_\_\_\_\_ Religion \_\_\_\_\_ MOTHER \_\_\_\_\_ Religion \_\_\_\_\_  
Last Name First Name Maiden Name

BAPTISM: CHURCH \_\_\_\_\_ DATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CSZ: \_\_\_\_\_

FIRST HOLY COMMUNION: \_\_\_\_\_ DATE: \_\_\_\_\_  
Church

ADDRESS: \_\_\_\_\_ CSZ: \_\_\_\_\_ PENANCE: \_\_\_\_\_

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LIST ANY MEDICAL, DISABILITIES, MEDICATIONS, WE SHOULD BE AWARE OF:

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I understand that there are regulations that must be followed, as stated in the handbook regarding Mass, class assignments, attendance, financial responsibility, discipline, etc.

PARENT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

FEES: 1 Child \$115 for EARLY REGISTRATION (before 6/30), for 2 - \$125 – 3 or more \$135. Fees are non-refundable.

Any RE-REGISTRATION received after 6/30 are as follows: \$165 for 1, \$175 for 2 & \$185 for 3 or more.

I grant permission to post pictures for Resurrection website. Please check Yes \_\_\_\_ No \_\_\_\_

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OFFICE USE ONLY: CHECK \_\_\_\_\_ CASH \_\_\_\_\_ BALANCE DUE \_\_\_\_\_