

Saint Elizabeth Parish
Religious Education Registration for 2011-2012

Parent (s) _____
First Name *Last Name* *First Name* *Last Name*

Address: _____

Home Phone: _____ Work or Cell Phone: _____

Email address: _____ Which parent will be attending the session? _____

THE FAMILY PROGRAM
Pre-school (3 years of age) through 6th grade

First name Last name Grade in Sept. 10 Indicate if child has special needs

Please check off if you will need babysitting for a child under 3: _____

FAMILY FEE

The fee for religious ed is **\$275.00** for the year. *Registration will not be processed unless fee is enclosed.*

Please indicate your first and second choice of session:

- Monday 4:30 - 5:45 _____
- Tuesday 4:30 - 5:45 _____
- Tuesday 7:15 - 8:30 _____
- Wednesday 4:30 - 5:45 _____
- Home Study _____

7th and 8th Grade Program (Thursday 7:15 to 8:30 pm)

First name Last name Grade in Sept. 10 Indicate Center or Home Study

For Office Use:		
Date rec: _____	Acct. # _____	Session: _____
Check #: _____	Parish manager: _____	Parent Track: _____
Amount: _____	Rel Ed: _____	Sac. Candidate: _____