

**ST. ISIDORE RELIGIOUS EDUCATION PROGRAM
2018-2019 REGISTRATION FORM**

Registration Fee: 1 child: \$100 / 2 children: \$175 / Each additional child: \$30

PERSONAL INFORMATION (PLEASE PRINT)

Child's Name: _____ Date of Birth: _____

Child's Address: _____

Father's Name: _____ Religion: _____ Mother's Name: _____ Religion: _____

Child lives with: Mother ___ Father ___ Both ___ Other ___ Maiden Name: _____

Home phone # _____ Email address: _____

Father cell # _____ Mother cell # _____

Emergency Contact: _____ Phone: _____

Relationship: _____ Allergies: _____

School presently attending: _____ Church Envelope #: _____

Grade in school _____ Anticipated grade in our program for 2018-19: _____

SACRAMENTAL INFORMATION

Baptism _____ Date: _____
(Please attach a copy of the Baptismal Certificate.)

1st Reconciliation _____ Date: _____

1st Communion _____ Date: _____

PAYMENT

Amount Paid : _____ Cash _____ Check # _____