

**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)**

Date: \_\_\_\_\_

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: \_\_\_\_\_

1st Reconciliation \_\_\_\_\_ Date: \_\_\_\_\_

1st Communion \_\_\_\_\_ Date: \_\_\_\_\_

**PAYMENT**

Amount Paid : \_\_\_\_\_ Cash \_\_\_\_\_ Check # \_\_\_\_\_