

**ST. ISIDORE
RELIGIOUS EDUCATION PROGRAM
2019-2020 REGISTRATION FORM**

Child's Name _____ Date of Birth: _____ Church envelope # _____

Address _____

Father's Name _____ Mother's First and Maiden Name _____

Child lives with Both ___ Mother ___ Father ___ Other ___

Home Phone # _____ Mother's Cell # _____ Father's Cell _____

Email _____ @ _____

School: _____ Grade ___ (2019/2020)

Emergency Contact: Name- _____ Relationship- _____

Phone-# _____

Was this student enrolled in our program last year? _____ if not, provide name and address of previous program: Parish _____

Address: _____

Does this child have any allergies? ___ If yes, to what? _____

Does this child have special needs /concerns? ___ If yes, please provide information? _____

Sacramental Information: (If your child was not baptized in our parish, a copy of his/her Baptismal certificate is required for first time enrollment).

Baptism: Church _____ Date _____

Address _____

First Holy Communion: Church - _____ Date _____

Address _____

Registration Fee: 1 child \$100/2 children \$175/Each additional child \$30 Please make the check payable to St Isidore Church . Mail to St. Isidore Religious Education, 622 Pulaski Street, Riverhead, NY 11901 by August 15, 2019.

Payment: Amount Paid: _____ Cash _____ Check # _____