

K-6th GRADE REGINA TRI-PARISH RELIGIOUS EDUCATION PROGRAM REGISTRATION 2018-2019

2140 Rochester Ave. Iowa City, IA 52245 PHONE 351-7638

Family Name _____ Primary Phone _____

Mailing Address _____ City _____ Zip _____

Child/Children(s) Resides with _____ Permission to use child's photo on Regina Religious Ed Facebook page _____

Father/Guardian Name _____ Marital status _____ Email Address _____

Primary Phone _____ Religion _____

Mother/Guardian Name _____ Marital status _____ Email Address _____

Primary Phone _____ Religion _____

Name and location of parish where your family is currently registered _____

EMERGENCY CONTACT: (if we cannot reach you):

Name _____ Relationship _____ Primary Phone _____

GRADES KINDERGARTEN - SIXTH

<u>Child's Name</u>		<u>Sex</u>	<u>Grade</u>	<u>Birth Date</u>	<u>Baptism</u>	<u>Eucharist</u>	<u>Reconciliation</u>	<u>Day School</u>
<u>Last</u>	<u>First</u>				X	X	X	
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____

RELIGIOUS EDUCATION MINISTRY

I am willing to help in the following way

WEDNESDAY 6:30pm – 7:45pm

CATECHIST _____ GRADE _____

ASSISTANT _____ SAME ROOM AS YOUR CHILD? _____

SUBSTITUTE (where needed) _____

CAR POOL WITH _____

TUITION ENCLOSED

DATE _____

CHECK # _____ AMOUNT _____

CASH _____

\$130.00 annually per student or \$70 per semester: not to exceed \$300 per family

On the reverse side of this page, please note any physical, health, or learning condition of your child/children about which we ought to be aware of pertinent to your child/children's needs. The entire contents of this form remain confidential and are used only by department staff and your child/children's catechist (s).

Please print off and fill out. Mail to the address at the top of this page as soon as possible, along with tuition payment. Thank you