

REGINA TRI-PARISH RELIGIOUS EDUCATION PROGRAM
REGISTRATION 2019-2020
2140 Rochester Ave. Iowa City, IA 52245 PHONE 351-7638
7th and 8th Grade

Student's name _____ Grade _____ School/JH _____

Parent(s) names: _____

Student resides with: Both Parents Father Mother

Address: _____ City/Zip: _____

Phone: _____ Mom Cell Phone: _____ Dad Cell Phone: _____

Mom's email address: _____ Dad's email address _____

Name of parish where your family is currently registered: _____

Emergency Information: in case parents cannot be contacted please contact:

Name: _____ Relationship _____ Phone _____

Parents, please read the following and sign at the bottom.

1. Growth in one's faith is a lifelong process.
2. Parents are the primary spiritual educators of their children.
3. It is our program's intention to support the spirituality of families.
4. Parental participation and support are integral components of our program.

Parent Signature _____ Date _____

Tuition enclosed:

Date _____ Check # _____ Amount _____ Cash _____

On the reverse side of this page, please note any physical, health, or learning condition of your child/children's about which we ought to be aware. Please note all information pertinent to your child/children's needs. Religious Education director may share information submitted on this form with staff to benefit the learner.

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