

**K-8<sup>th</sup> GRADE REGINA TRI-PARISH RELIGIOUS EDUCATION PROGRAM REGISTRATION 2020-2021**  
**2140 Rochester Ave. Iowa City, IA 52245 PHONE 351-7638**

Family Name \_\_\_\_\_ Primary Phone \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Child/Children(s) Resides with \_\_\_\_\_

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 – EIGHTH**

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

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**TUITION ENCLOSED**

DATE \_\_\_\_\_ CHECK # \_\_\_\_\_ AMOUNT \_\_\_\_\_ CASH \_\_\_\_\_

***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***