

7th and 8th Grade REGINA TRI-PARISH RELIGIOUS EDUCATION PROGRAM
REGISTRATION 2023-2024

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

Student's name _____ Grade _____ School/JH _____

Parent(s) names: _____

The 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 the 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. Classes will be held at St. Patrick's Church in the social hall from 6:30 – 8:00 PM.
2. Growth in one's faith is a lifelong process.
3. Parents are the primary spiritual educators of their children.
4. Our program intends to support the spirituality of families.
5. 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 about which we ought to be aware. Please report all information pertinent to your child/children's needs. The Religious Education director may share information submitted on this form with staff to benefit the learner.

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