

LEVEL 1
REGISTRATION FORM 2009/10

CHILD'S NAME (Last Name) _____ (First Name) _____

DATE OF BIRTH _____ GENDER _____ M _____ F _____

SCHOOL _____ SCHOOL GRADE LEVEL _____ RELIGIOUS EDUCATION LEVEL _____

PRIMARY PARENT/
GUARDIAN _____ RELIGION _____

SECONDARY PARENT/
GUARDIAN _____ RELIGION _____ MOTHER'S MAIDEN NAME _____

ADDRESS _____ TOWN/ZIP _____

NEAREST CROSS STREET _____ PHONE (Home) _____ (Work) _____ (Cell) _____

EMAIL ADDRESS _____

Do you have other children registered in the St. Agnes Religious Education Program? _____

Are there any circumstances (health, custody rulings, learning disabilities, etc.) that you feel we need to be aware of? _____

BAPTISM DATE _____

****BAPTISM CERTIFICATE MUST BE SUBMITTED WITH THIS FORM****
(Registration will not be accepted without it)

FEES

Family Registration Fee.....\$100.00
Material Fee Per Child.....\$ 35.00