

Holy Apostles Religious Education Registration

Early Childhood - Grade 8, First Reconciliation, First Eucharist

REGISTRATION DEADLINE: MAY 17, 2009

Religious Education Grades 1-6 Only

Please Check (X) one:

Saturday _____ Sunday _____

Date _____

Family Name _____

Phone () _____

Father _____

Religion _____ Occupation _____

Address _____

City _____ Zip _____

Mother _____ Maiden _____

Religion _____ Occupation _____

Address _____

City _____ Zip _____

Custodial Parent or Guardian (if parents are separated) _____

E-mail _____

Church Data: Are you a registered member of Holy Apostles Parish? Yes _____ No _____

Envelope # _____

Child Information		Early Childhood	Grades 1-8	* Sacrament	Preparation	School	Gender	Birth	Last Grade	Recvd	Recvd
Last Name	First	Age on Sept. 1, 2009	Grade in Sept. 2009	" X " if 1st Eucharist	registering 1st Recon			Date	Attended Rel. Ed.	1st Euch y/n	1st Recon y/n

Fees:	# of Children	
Early Childhood	_____	@ \$62.00 = _____
Grades 1-6	_____	@ \$80.00 = _____
Grades 7-8	_____	@ \$75.00 = _____
1st Eucharist *	_____	@ \$35.00 = _____
1st Reconciliation *	_____	@ \$35.00 = _____
		Total = _____

For Office Use Only		
Amount Paid	Date Paid	Check # / Cash

Make checks payable to:
Holy Apostles Parish
Christian Formation Office
16000 W. National Avenue
New Berlin, WI 53151

* Registration in sacramental preparation programs requires participation in a formal religious education program during the prior year and current year.

First Communion Students Only			
Child _____	Baptismal Date _____	Church _____	Verified _____
Child _____	Baptismal Date _____	Church _____	Verified _____
Child _____	Baptismal Date _____	Church _____	Verified _____

Please fill out if you have a child in Early Childhood or Grade 1-8 Religious Education

EMERGENCY ILLNESS INFORMATION

FAMILY NAME _____ **PHONE ()** _____

FOR EACH CHILD: State, if any of these conditions apply. If so, give instructions for emergency care:
Heart disease, diabetes, seizures, asthma, allergies, other (specify).

CHILD'S NAME AND GRADE

CONDITIONS

- | | | |
|----|-------|-------|
| 1. | _____ | _____ |
| 2. | _____ | _____ |
| 3. | _____ | _____ |
| 4. | _____ | _____ |

Father's Place of Work _____ **Phone ()** _____

Mother's Place of Work _____ **Phone ()** _____

If Child becomes ill and Parents are not available contact:

Name _____ **Phone ()** _____

Family Doctor _____ **Phone ()** _____

Dentist _____ **Phone ()** _____

In the event I cannot be reached, I hereby authorize the Director/Coordinator or Catechist to call the physician or dentist named above if an emergency exists, or if not available, an alternate doctor.

Signature of Parent of Guardian _____ **Date** _____