

Holy Apostles Religious Education Registration

Early Childhood - Grade 8, First Reconciliation, First Eucharist

Registration Deadline: May 21, 2006

Date _____

Religious Education Grades 1-6 Only
 Please Check (X) one:
 Saturday _____ Sunday _____

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 Date	Last Grade	Recvd	Recvd
Last Name	First	Age on Sept 1, 2006	Grade in Sept, 2006	" X " if registering 1st Eucharist 1st Recon				Attended Rel. Ed.	1st Euch y/n	1st Recon y/n

Fees:	# of Children	
Early Childhood	_____	@ \$60.00 = _____
Grades 1-6	_____	@ \$79.00 = _____
Grades 7-8	_____	@ \$73.00 = _____
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).

	<u>CHILD'S NAME AND GRADE</u>	<u>CONDITIONS</u>
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 or Guardian _____ **Date** _____

