

Holy Apostles Religious Education Registration

Early Childhood - Grade 8, First Reconciliation, First Eucharist

Registration Deadline: May 18, 2008

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 Age on Sept. 1, 2008	Grades 1-8 Grade in Sept. 2008	* Sacrament " X " if 1st Eucharist	Preparation registering 1st Recon	School	Gender	Birth Date	Last Grade Attended Rel. Ed.	Recvd 1st Euch y/n	Recvd 1st Recon y/n
Last Name	First										

Fees:

Early Childhood	_____	@ \$60.00 =	_____
Grades 1-6	_____	@ \$79.00 =	_____
Grades 7-8	_____	@ \$73.00 =	_____
1st Eucharist *	_____	@ \$35.00 =	_____
1st Reconciliation *	_____	@ \$35.00 =	_____
		Total =	_____

of Children

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 or Guardian _____ **Date** _____