

ST. MARK RELIGIOUS EDUCATION REGISTRATION FORM 2008-2009

Family Name _____ e-mail: _____

Street Address _____

City _____ Zip Code _____ Phone _____

Registered at St. Mark's: Yes _____ No _____

PARENT INFORMATION

BIRTH FATHER

BIRTH MOTHER

Name _____
(First) (Last) (First) (Last) (Maiden)

Occupation _____ Occupation _____

Work/Cell Phone _____ Work/Cell Phone _____

Religion _____ Religion _____

Marital Status _____ Marital Status _____

STEP-PARENT/GUARDIAN INFORMATION

Name _____ Work/Cell Phone _____

Occupation _____ Religion _____

EMERGENCY INFORMATION

In the event of an emergency, if you are unable to reach me, please contact the following person:

Name _____

Relationship to child _____ Phone _____

Class times and cost are as follows:

Sunday	9:30 a.m.	Preschool
Sunday	11:30 a.m.	Kindergarten
Wednesday	6:30 p.m.	RCIC & Young Catholics (6th thru 8th Grade)
Thursday	6:30 p.m.	1st thru 5th Grade
		Sacramental Preparation

Cost is \$35 per child for all classes

OFFICE USE ONLY

Total Fee _____ Paid by Check# _____ Cash _____ Credit Card _____

(Please Complete Student Information On Next Page....)

Student Name _____ **Grade 2008-2009 Year** _____

Boy _____

Girl _____ Birthdate _____

Attended Religious Education classes here before? Yes _____ No _____

What **school district** does the student attend? _____

Health Problems: _____

Baptized: Yes _____ No _____

Received 1st Confession: Yes _____ No _____ Received 1st Communion: Yes _____ No _____

Student Name _____ **Grade 2008-2009 Year** _____

Boy _____

Girl _____ Birthdate _____

Attended Religious Education classes here before? Yes _____ No _____

What **school district** does the student attend? _____

Health Problems: _____

Baptized: Yes _____ No _____

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