

See back>>>

Health conditions/concerns, allergies etc..

Grade _____ Class Day _____ Cell ph# _____

(4) Child's First & Last Name _____ DOB _____

Health conditions/concerns, allergies etc..

Grade _____ Class Day _____ Cell ph# _____

(3) Child's First & Last Name _____ DOB _____

Health conditions/concerns, allergies etc..

Grade _____ Class Day _____ Cell ph# _____

(2) Child's First & Last Name _____ DOB _____

Health conditions/concerns, allergies etc..

Grade _____ Class Day _____ Cell ph# _____

(1) Child's First & Last Name _____ DOB _____

PROGRAM INFORMATION *Mon 6 - 7:30pm or Tues 5:30 - 7pm*

Child lives with: Parents _____ Mother _____ Father _____ Other _____ (relationship) _____

Marital Status: Married _____ Single _____ Divorced _____ Separated _____ Widow _____

Mother _____ Religion _____ Cell Ph _____

Father _____ Religion _____ Cell Ph _____

PARENT/GUARDIAN INFORMATION

E-MAIL- _____

BEST CELL NO. FOR REMIND TEXT MESSAGE SYSTEM- _____

Family Last Name _____ Address _____ City/State _____ Zip _____

ST THECLA RELIGIOUS EDUCATION REGISTRATION Today's Date: _____