

St. Mary's Parish Religious Education Registration 2009/2010

1 Phalanx Rd., Colts Neck, NJ 07722

Last Name _____
Father First Name _____
Mother First Name _____
 (Mother Maiden) (_____)
Address: _____

Home Phone: _____
Cell Phone: _____
 Mom
 Dad
 Other _____
Family Email: _____

Local Emergency Contact
Name: _____
Phone: _____

*If there is an additional mailing address desired, please indicate on the back of this sheet.

Parent Signature (required): _____ **Date:** _____

*Tuition (checks made out to "St. Mary's") 1 child=\$120, 2 children=\$240, 3 children = \$300, 4 children=\$350

Child	Birthdate	Gender	2009/2010 Grade	Class Request
_____	_____	_____	_____	1st Choice: _____
				2nd Choice: _____

Allergies/Health Conditions/Special Requests: _____

OR:

I choose the home school program for my child.

Child	Birthdate	Gender	2009/2010 Grade	Class Request
_____	_____	_____	_____	1st Choice: _____
				2nd Choice: _____

Allergies/Health Conditions/Special Requests: _____

OR:

I choose the home school program for my child.

Child	Birthdate	Gender	2009/2010 Grade	Class Request
_____	_____	_____	_____	1st Choice: _____
				2nd Choice: _____

Allergies/Health Conditions/Special Requests: _____

OR:

I choose the home school program for my child.

For Office Use Only: Date Received by RE: _____ Initial: _____