

**SAINT BONIFACE RELIGIOUS EDUCATION  
REGISTRATION FORM 2011-2012**

- New Student Religious Education Registration Form**
- Returning Student Religious Ed. Registration Form**

**Tuition for early registration:** 1 Child \$125; 2 Children \$215; 3 or more Children \$300 (Savings of \$25.00).

**Tuition:** After May 31, 2011: 1 Child...\$150; 2 Children...\$240; 3 or more Children...\$325  
Late fee \$20.00 if paid after Sept. 1, 2011.

**Registration can be mailed or hand delivered. If you are unable to pay registration fee because of financial hardship, please notify me that you will be contacting Fr. Grace.**

Student's Name:

(Last) \_\_\_\_\_ (First) \_\_\_\_\_

Sex: Male  Female

Mail to: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Phone# \_\_\_\_\_

Student's Date of Birth: \_\_\_\_\_ 2nd Cell # \_\_\_\_\_

Mother's Maiden Name: (Last) \_\_\_\_\_ (First) \_\_\_\_\_

Father's Name: (Last) \_\_\_\_\_ (First) \_\_\_\_\_

Email address to reach parent: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Emergency Phone #: \_\_\_\_\_

Doctor for Emergency: \_\_\_\_\_ Phone/Beeper: \_\_\_\_\_

*Any special request for dismissal?*

Are there any medical or learning problems we should know about ?

If your child needs extra help taking exams, reading, or has regular absences due to a medical condition, please indicate below:

**In case of illness or accident, I request that the representative of the parish catechetical program contact me or my emergency contact. If we are unable to be reached, I hereby authorize this representative to call the physician indicated and to follow the physician's instructions. If it is impossible to contact this physician, the representative of the parish catechetical program may make whatever arrangements seem necessary. I agree to assume the financial responsibility for any diagnosis, treatment and/or medication deemed necessary. To the best of my knowledge all information given is accurate and complete. I hereby consent to, and authorize the necessary procedures that have been stated above.**

Parent signature: \_\_\_\_\_ Date: \_\_\_\_\_

**To Qualify For Either Sacrament, Or For Promotion, Your Child Must Have Successfully Completed Last Year's Religious Education Program.**

Will Your Child Be Receiving First Communion This Year? (Y/N) \_\_\_\_\_

Will Your Child Be Receiving Confirmation This Year? (Y/N) \_\_\_\_\_

**Is your family registered in the parish of St. Boniface? (Y/N) \_\_\_\_\_**

**(If the answer is no, please call the rectory at 354-7307 to arrange registration, or fill out a parish registration form. All families MUST be registered and participate in the envelope or ParishPay system.**

**This Section Must Be Completed For Registration To Be Processed.**

Baptism Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Baptism Church: \_\_\_\_\_

Address of Church: \_\_\_\_\_

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***If your child was not baptized at St. Boniface, please submit a copy of the baptismal certificate. Baptismal Certificate must be on file for sacramental classes (submit once only).***

First Communion Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

First Communion Church: \_\_\_\_\_

Address of Church: \_\_\_\_\_

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**The school schedule for 2011-2012:**

Pre-K and Kindergarten Tuesday 4:15-5:30pm

Grades 1-5 Tuesday 4:15-5:45pm

Grades 6-8 Tuesday 6:45-8:15pm

Your child's grade in the fall: \_\_\_\_\_

**Name of Child's Public School District**

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**Name of Child's Public School for 2011-2012**

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*Please see me if you would like to sponsor a child in the program.*

*Perhaps you would be interested in helping with the Religious Education Program, as a teacher, substitute teacher, or art teacher. Thank you.*