

St. Luke's Religious Education
Registration Form for New Students 2020-21

Please Print Legibly

Name of Student: _____ **Sex:** M/F (**Please Circle**) **Date of Birth:** _____ **Age:** _____ **Grade in Sept 2020:** _____

Country of Birth _____ **Address:** _____ **Zip:** _____

Mailing Address (If Different): _____ **Zip** _____ **Home Phone:** _____

School: _____ **Has child attended religion classes previously?** _____ **Where?** _____ **Grades//Levels completed** _____

Father's Name: _____ **Religion:** _____ **Living/Deceased (Circle One)** _____ **Cell Phone #:** _____

Place of Employment: _____ **Work #:** _____

Mother's Name: _____ **Maiden Name:** _____ **Religion:** _____ **Living/Deceased (Circle One)** _____

Cell #: _____ **Place of Employment:** _____ **Work #:** _____

Marital Status: _____ **Single/ Married / Divorced / Separated / Widowed (Please Circle)** _____

E-Mail Address: _____

Legal Guardian Information: (If child is not living with parents)

Name: _____ **Relationship:** _____ **Religion:** _____

<u>Child's Sacrament Information</u>	<u>Church</u>	<u>Location</u>	<u>Date</u>	<u>Doc Checked By</u>
---	----------------------	------------------------	--------------------	------------------------------

Baptism _____			
---------------	--	--	--

First Reconciliation _____			
----------------------------	--	--	--

First Eucharist _____			
-----------------------	--	--	--

Does your child have an IEP? Are there any family concerns, medical conditions or learning needs affecting your child that we should be aware of? _____

If yes, please explain. _____

Name and address of the Parish where you are registered _____

Where does your child attend Sunday Liturgy? _____

Registration and Tuition Fee is \$150.00 for the first child (This includes a \$25.00 non-refundable registration per family) and \$30.00 for additional children.

Registration and Tuition Payment: (Check or Money Order should be made payable to "St. Luke School of Religion")

\$25 non- refundable fee _____ Tuition _____ Late Fee _____ Amount Paid _____ Check # / Money Order # _____ Cash _____ Balance _____

Parent Signature _____

(Office Use only) Received by: _____ **Date** _____