

Religious Education Program NEW STUDENT Registration Form 2024-2025

Please fill out one fo	rm per child. Pleas	se print. Retur	n to Religious E	ducation Office by	June 15 th .
Student Name:					
Student Name:(First)		(M.I.)		(Last)	
Gender: Birth City/State:				D.O.B	
Upcoming Grade as 9/24	Child's School:				
Previous Religious Educa	tion Years:	Locat	ion:		
Church* of Pantism:			Information		
Church* of Baptism:Church* of 1 st Reconciliation:					
Church* of 1 st Eucharist:					
Charen of Leacharist.		City/Sta	ie	Date	
Home Address: City: Family E-mail Address(es	State	e: Zip C	ode: I	Home Phone:	
Cell Phones: Father's:					
Name: Father's:					
Marital Status (Please checl					
Is there a Custody Agreeme	nt: Yes No	Pleas	se provide STV	with a copy:	(date rec'd)
With whom does the child i	reside:				
Parent who can help with the Please check areas in which	-	ion Program:			
Please indicate	e your first cho	oice of Sess	ion and retu	ırn by <mark>July 1, 2</mark>	024*.
Sunday classes 10:10- 11:25am			nesday classes I5 - 6:00pm		S chool \$50 per student School fee.

*Please note all new and returning registrations received after July 1, 2024, are subject to a \$50.00 late fee.

All families must also submit the **Stewardship Covenant**.