(Please PRINT neatly)

DATE:		
DAIL.		

St. Julie Parish – Religious Education **REGISTRATION FORM 2017-2018**

Family Name		Father		Mother	
		() ()	
Street Address		City Hor	ne Phone Ce	ell or Other Number	
Single-Parent	Two-Parent				
Household	Household	e-mail address			
Fathe	r's Occupation	Mother		's Occupation	
Complete this se	ection for ALL st	udents:			
	Child 1	Child 2	Child 3	Child 4	
LAST NAME					
FIRST NAME					
Religious Ed. Grade					
Level for Fall 2017					
Instruction Options (select for each child)			10,000		
Option 1: Sept May	$\bigcap 1 \bigcap 2$				
Classroom Instruction					
Option 2: Grades 3 – 6 only. June 12 th – 23 rd					
SCHOOL Name					
Complete this se	ction ONLY for I	VEIM students			
	CLION ONET JOI I	VLVV Students.			
Birth Date					
Gender	<u> </u>	<u></u>	\square M \square F	\square M \square I	
Baptismal Date					
Place of Baptism*					
Date of					
L st Reconciliation					
Date of			-		
L st Communion					
Previous Religious ducation					
Frades/Place					

already attended). In addition, a \$25.00 application fee will be deducted from all refunds.

For Office Use Only:		audiou ii diii dii reidiida.	Revised March 2017
Tuition Paid (Amount)	Check Number	Date	

your own personal enrichmen	ou to become involved in our Religion at and the formation of your children andicate in what capacity you would li	's faith Keening in mir	nd that our greatest program:
OFFICE ASSISTANT (during classes)		SPECIAL NEEDS FRIEND	
THE FOLLOW	VING INFORMATION MUST BI	E UPDATED EVERY	YEAR:
Do any of your children recei	ve Special Education Services?	Yes	No
Name of Child:			
Does this child have an IEP in	n their school setting?	Yes	No
Please let us know how we ca	un support this child and you.		
Further Description (if necess	ary):		
☐ Learning Disability ☐	Behavioral Disability	tion Deficit] Other
MEDICAL INFORMATION			
NAME	PHYSICAL / HEALTH PROBLEM ETC.	MS, ALLERGIES,	MEDICINE
	ON (This section must be completed to	forALL families)	
NAME OF PHYSICIAN		PHONE ()	
EMERGENCY CONTACT N	ame:	Dhana	′)
EMERGENCY CONTACT Name:Name:		Phone (
MEDICAL RELEASE In the event that the undersigned of Religious Education or other persimmediate examination and/or treat to obtain for my (our) child such many diagnosis/treatment and for responses.	OTE: Emergency Contact names show or my (our) authorized physician cannot son responsible for the program or other atment of my (our) child, I (we) hereby re nedical services as are deemed necessary	be reached and in the judge appropriate staff member equest and authorize any of I agree to assume the fin	ent or guardian. gment of the Director of er, there is a necessity for f the aforesaid personnel ancial responsibility for
Parent / Guardian Signature		Date	
	********	Date	
f narents are divorced or sanar	ated we presume that both parents be	********	************

If parents are divorced or separated, we presume that both parents have access to the children unless one parent can provide evidence that he or she has the sole right. In these cases, the St. Julie Religious Education Program abides by the provision of the Buckley Amendment. Divorced and/or separated parents must file a court certified copy of the custody section of the divorce decree (or separation agreement) when the child is enrolled in the program.