



St. Adalbert's Religious Education
New Student Registration

Date _____

Grade _____

Student Name _____

Home Phone _____ Cell/Work # _____

Mailing Address

Mr./Mrs., Mrs., Ms. _____

Street _____

Town _____ Zip code _____

e-mail _____

Father's Name _____

Mother's Maiden Name _____
first last

School Attending _____

Student's Date of Birth _____ Place of Birth _____

Baptized Catholic? Yes _____ No _____

Church _____ Date _____

First Communion? Yes _____ No _____

Church _____ Date _____

Parish (if other than St. Patrick) _____

Does your child have a medical condition or special needs that we need to be aware of? No _____ Yes _____

Are there other brothers/sisters in this Religious Ed program? Yes _____ No _____

Office use only

Tuition payment date _____ Amount _____ Cash _____ Check # _____

Tuition: \$30/one child, \$40/two children, \$50/ three or more children.

2nd Student's Name _____ Grade _____

School _____

Does your child have any special needs or medical conditions? No _____

Yes (explain) _____

3rd Student's Name _____ Grade _____

School _____

Does your child have any special needs or medical conditions? No _____

Yes (explain) _____

4th Student's Name _____ Grade _____

School _____

Does your child have any special needs or medical conditions? No _____

Yes (explain) _____