

ST. ALEXANDER RELIGIOUS EDUCATION PROGRAM

2018-2019 REGISTRATION FORM

PLEASE COMPLETE THE ENTIRE FORM. REGISTRATION WILL NOT BE
ACCEPTED IF FORM IS INCOMPLETE.

Today's date: _____

Please check one: () Returning REP family () New REP family

Are you a registered family at St. Alexander? () Yes () No

Please indicate class day preference: () Monday () Tuesday

Father's Name _____ Father's religion _____

 Last First Initial

Mother's Name _____ Mother's religion _____

 Last First Initial

Mother's full maiden name _____

Home address _____

City _____ Zip _____

Home phone number _____

Father's cell number _____ Mother's cell number _____

EMAIL Address _____

With whom do the child/children live? _____

Emergency contact person _____

Emergency person's phone number _____

Emergency person's relationship to child _____

Does your child/children have any special physical, emotional or educational needs? Describe below:

PLEASE LIST CHILDREN OLDEST TO YOUNGEST

Name of Child #1 _____

LAST

FIRST

MIDDLE

Grade _____ School _____ Birth date _____

Baptismal date _____ Parish where Baptized _____

First Communion Date _____ Parish _____

Name of Child #2 _____

LAST

FIRST

MIDDLE

Grade _____ School _____ Birth date _____

Baptismal date _____ Parish where Baptized _____

First Communion Date _____ Parish _____

Name of Child #3 _____

LAST

FIRST

MIDDLE

Grade _____ School _____ Birth date _____

Baptismal date _____ Parish where Baptized _____

First Communion Date _____ Parish _____

Name of Child #4 _____

LAST

FIRST

MIDDLE

Grade _____ School _____ Birth date _____

Baptismal date _____ Parish where Baptized _____

First Communion Date _____ Parish _____

FOR OFFICE USE ONLY

Tuition _____ Books _____ Sac Fee _____

Unpaid Balance _____ Save Credit _____ Total for 2017-2018 _____

Payment received _____ Balance due _____