ST. ALEXANDER RELIGIOUS EDUCATION PROGRAM

2024-2025 REGISTRATION FORM

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

Today's date:						
Please check one:	() Returning REP fa	amily	() New REP family			
Are you a registered fa	amily at St. Alexander?	() Yes	() No			
Class day: Monday 5:	30-7PM					
Father's Name			Father's religion			
Last	First	Initial				
Mother's Name			Mother's religion			
Last	First	Initial				
Mother's full maiden i	name					
Home address						
			Zip			
Home phone number_						
Father's cell number_	father's cell numberMother's cell number					
EMAIL Address						
With whom do the chi	ild/children live?					
Emergency contact pe	rson					
Emergency person's p	hone number					
Emergency person's re	elationship to child					
			otional or educational needs? Describe below:			
·	- ·	-	on/daughter may appear to be shared by email or our Religious Education students are doing!			

Parent/Gaurdian Signiture:

PLEASE LIST CHILDREN OLDEST TO YOUNGEST

Name of Child #1	_					
	LAST	FIRST		MIDDLE		
Grade	School	choolBirth date				
Baptismal date		Parish where Baptized				
First Communion D)ate	Parish				
Name of Child #2						
	LAST		FIRST	MIDDLE		
Grade	School		Birth date			
Baptismal date_		Parish where Baptized				
First Communion Date						
Name of Child #3						
	LAST		FIRST	MIDDLE		
Grade	School	Birth date				
Baptismal date		Parish v	where Baptized			
First Communion Date		Parish				
Name of Child #4 _						
LAST		FIRST	MII	DDLE		
Grade	School	Birth date				
Baptismal date		Parish where Baptized				
First Communion D)ate	Parish_				
		FOR OFFICE U	ISE ONLY			
Tuition		Books		Sac Fee		
Unpaid Balance		Save Credit		Total for 2024-25		
Payment received		Balance due				