

Holy Redeemer/St. James Religious Education Program - Registration 2009-2010

Mailing address: 2411 Montrose Avenue, Attn: Trish Swords, Montrose, CA 91020, 818-249-2008 ext. 443

Parent or Guardian: _____ Home Phone: _____

Address: _____ Cell Phone: _____

City: _____ Zip code: _____ E-mail Address: _____

Emergency Contact Name: _____ Emergency Contact Phone: _____

Please inform of custody arrangement or special instructions regarding guardianship:

Child's Name (Legal): _____

First Name

Middle Name

Last Name

Child prefers to be called: _____ Gender: _____ Date of Birth: _____

Present School: _____ Grade Level: _____ Allergies: _____

Learning disabilities/special needs: _____ Class Time: Sunday 8:45a _____ Tuesday 3:30p _____

Sacrament Information:

Sacrament (yes/no)	Date	Church and Location
Baptized:		
First Reconciliation:		
First Holy Communion:		

Child's Name (Legal): _____

First Name

Middle Name

Last Name

Child prefers to be called: _____ Gender: _____ Date of Birth: _____

Present School: _____ Grade Level: _____ Allergies: _____

Learning disabilities/special needs: _____ Class Time: Sunday 8:45a _____ Tuesday 3:30p _____

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Child's Name (Legal): _____
First Name Middle Name Last Name

Child prefers to be called: _____ Gender: _____ Date of Birth: _____

Present School: _____ Grade Level: _____ Allergies: _____

Learning disabilities/special needs: _____ Class Time: Sunday 8:45a _____ Tuesday 3:30p _____

Sacrament Information:

Sacrament (yes/no)	Date	Church and Location
Baptized:		
First Reconciliation:		
First Holy Communion:		

By signing below, as the parent or legal guardian on the children listed on this registration form, I understand that Holy Redeemer or St. James the Less does not assume responsibility of payment of physician or hospital, however in an emergency, I give the Holy Redeemer/St. James Religious Education Program the permission to choose a physician or hospital and to have my child receive medical treatment.

_____ Signature _____ Print Name

Volunteer hours required: 3 hours per family

Registration Fee:

Parishioners: \$80 (1 child) _____ \$155(2 Children) _____ \$220 (3 or more Children) _____

Non-parishioners: \$130 per child

Registrations fees refundable only within the first 30 days of classes. PAYMENT MUST BE INCLUDED WITH REGISTRATION!

FOR OFFICE USE ONLY:

Amount Paid: _____ Check # _____ Cash Received by: _____