



St. Elizabeth Ann Seton Religious Education Registration Form 2023-2024

Father's Last Name	First	Mother's Last Name	Maiden Name	First	
Primary Contact(s): <input type="checkbox"/> Both Parents <input type="checkbox"/> Father only <input type="checkbox"/> Mother only <input type="checkbox"/> Other _____					
Primary Contact Information	Primary Email	Father Cell phone	May we text? <input type="checkbox"/> Yes <input type="checkbox"/> No	Mother Cell phone	May we text? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Primary Street Address or PO Box		City, State		Zip

Secondary Contact Information	Secondary Contact Name	Secondary Contact Phone	May we text? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Secondary Email	Secondary Street Address or PO Box	City, State
			Zip

Class Selection

Please Note: "First Come - First Served" Class Selection Preference will take place only after payment is received.

Add'l Donation to RE \$ _____	Grades 1-8 <input type="checkbox"/> MONDAY 6:30-7:45 PM	4-Yr to Kindergarten <input type="checkbox"/> SUNDAY Session 1: 9:00-10:00 AM	Grades 1-8 <input type="checkbox"/> SUNDAY Session 1: 8:45-10:00 AM	Grades 1-8 <input type="checkbox"/> SUNDAY Session 2: 10:30-11:45 AM
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Registration - Before August 14th <input type="checkbox"/> \$85 for 1 student in a family <input type="checkbox"/> \$105 for 2 students in the same family <input type="checkbox"/> \$125 for 3 or more students in the same family	Sacramental Workshop Fees <input type="checkbox"/> \$25 Grade 2 <input type="checkbox"/> \$45 Grade 8 Add to Registration Fee per student
Late Registration after August 15th, add additional \$50 to Registration Fee	

Please Note: for financial assistance with Registration payment, please speak with the Pastor or Religious Education Director.

CHILDREN TO BE ENROLLED IN CCD (include Pre-School - Grade 8)

LAST NAME	FIRST NAME	SEX		DATE OF BIRTH	SACRAMENTS *			GRADE 2023-2024	SCHOOL GRADE 2023-2024	NAME OF SCHOOL	LEARNING/MEDICAL PROBLEMS **
		<input type="checkbox"/> M	<input type="checkbox"/> F		<input type="checkbox"/> B	<input type="checkbox"/> E	<input type="checkbox"/> C				
		<input type="checkbox"/> M	<input type="checkbox"/> F		<input type="checkbox"/> B	<input type="checkbox"/> E	<input type="checkbox"/> C				
		<input type="checkbox"/> M	<input type="checkbox"/> F		<input type="checkbox"/> B	<input type="checkbox"/> E	<input type="checkbox"/> C				
		<input type="checkbox"/> M	<input type="checkbox"/> F		<input type="checkbox"/> B	<input type="checkbox"/> E	<input type="checkbox"/> C				
		<input type="checkbox"/> M	<input type="checkbox"/> F		<input type="checkbox"/> B	<input type="checkbox"/> E	<input type="checkbox"/> C				
		<input type="checkbox"/> M	<input type="checkbox"/> F		<input type="checkbox"/> B	<input type="checkbox"/> E	<input type="checkbox"/> C				
		<input type="checkbox"/> M	<input type="checkbox"/> F		<input type="checkbox"/> B	<input type="checkbox"/> E	<input type="checkbox"/> C				
		<input type="checkbox"/> M	<input type="checkbox"/> F		<input type="checkbox"/> B	<input type="checkbox"/> E	<input type="checkbox"/> C				

* Baptism Eucharist Confirmation

** Including ADD and allergies. This information must be updated each year.

All information on this form is correct. _____ (signature/date)

I (we) give permission for our child(ren) to be photographed or filmed. (Media Release) _____ (signature/date)

OFFICE USE ONLY:	Date Received: _____	<input type="checkbox"/> WITH PAYMENT	<input type="checkbox"/> WITHOUT PAYMENT
Amt rec'd: _____	Check # _____	Balance due: _____	<input type="checkbox"/> PDS <input type="checkbox"/> FLOCKNOTE <input type="checkbox"/> BUDGET

***"Oh my God, forgive what I have been, correct what I am, and direct what I shall be."
~ Saint Elizabeth Ann Seton***