

St. Elizabeth Ann Seton Religious Education Registration Form 2025-2026

ather's Last Name First			Mother's Last Nam	ie	Maide	en Name	First		
Primary Contact(s): Bot	th Parents	Father only	Mother only		Other				
Primary Contact Info		ary Email		Father Ce	II phone	May we text? May we text? May we text?	Mother Cell phoi	ne May we text? Yes	
Primary Street Address or PO	Вох		City, State	1			Zip		
		Secondary Co	ontact Name			Diagon comply and	I lleddroedl en		
Secondary Contact Information						Please supply email, "address", and phone number separately. Only the name is needed here.			
			Class Sele	ection					
4-Yr Olds & Kindergarten SUNDAY		indergarten NDAY	Grades 1-6 ☐ SUNDA			: 1-6; 7 & 8 (10:15a] SUNDAY	ım)	Grades 1-6 ☐ MONDAY	
Session 1: 9:00-10:00 AM	Session 2: 10:4	15-11:45 AM	Session 1: 8:45-10:	00 AM	Sessio	n 2: 10:30-11:45 A	.M 6:	:30-7:45 PM	
* Please Note:	for financial assis	stance with Re	egistration payment, p	lease spea	k with the	e Pastor or Religious	s Education Dire	ector. *	
Registration - Before Ma \$95 for 1 student in \$115 for 2 students \$135 for 3 or more s	a family in the same fam		Registration - Bet \$100 for 1 sto \$120 for 2 sto \$140 for 3 or	udent in a udents in t	family he same		August 15th, add additional smily \$50 to Registration Fee		
Additional Supplement Fe	es for Class Pro	ojects							
\$10 - Total Fee fo Grade 3 (Blessing Grade 5 (Rosaries	Cups), Grade 4	(Pillows)	\$10 - Fee for Grad	e 6 (Bibles)	☐ \$30 - tov ☐ \$60 - tov	Grade 2 and Grade 8 \$30 - towards Grade 2 Workshop \$60 - towards Grade 8 Retreat and Bus for Field Trip		

CHILDREN TO BE ENROLLED IN CCD (include Pre-School - Grade 8)											
LAST NAME	FIRST NAME	SE	ΕX	DATE OF BIRTH			GRADE 2025-2026	SCHOOL GRADE 2025-2026	NAME OF SCHOOL	LEARNING/MEDICAL PROBLEMS **	
		ШМ	F		В	ШΕ	С				
		ШМ	F		В	ШΕ	С				
		ШМ	F		□в	□E	С				
		ШМ	F		□в	ШΕ	С				
		ШМ	F		□в	ШΕ	С				
		ШМ	F		□в	□E	С				
		ШМ	F		□в	□E	С				
		ШМ	F		□в	ШΕ	С				
* Baptism Eucharist Confirmation ** Including ADD and allergies. This information must be updated each year.									e 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:							□ WITH PAYMENT □ WITHOUT PAYMENT				
Amt rec'd: Check			< #			Balance due:			DDS	☐ FLOCKNOTE	BUDGET

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