

# SUMMER RELIGIOUS EDUCATION PROGRAM

AUGUST 5-9, 2019

OR

AUGUST 12-16 FROM 8:30AM-3:00PM

**REGISTRATION FORMS WILL BE ACCEPTED BEGINNING:**  
**MONDAY, FEBRUARY 4, 2019 UNTIL**  
**MONDAY, FEBRUARY 11, 2019**

**IF NEEDED, A LOTTERY WILL TAKE PLACE ON**  
**FEBRUARY 14, 2019**  
**FAMILIES WILL BE NOTIFIED FEBRUARY 27 AND 28, 2019**  
**BY EMAIL AS TO THE WEEK YOU ARE ASSIGNED. CLASS**  
**ASSIGNMENTS WILL NOT BE GIVEN UNTIL JULY.**

**FULL PAYMENT IS DUE NO LATER 3/11/2019**

**WE ARE SORRY THAT REQUESTS CANNOT BE TAKEN FOR**  
**TEACHER ASSIGNMENTS OR FRIEND**  
**REQUESTS DUE TO THE**  
**VAST NUMBER OF STUDENTS ATTENDING**  
**THE SUMMER PROGRAM.**  
**THANK YOU FOR YOUR UNDERSTANDING.**



**SAINT GABRIEL RELIGIOUS EDUCATION REGISTRATION FORM  
SUMMER PROGRAM 2019**

**PLEASE COMPLETE ONE FORM FOR EACH CHILD**

Student's name \_\_\_\_\_  
(Last name) (First name- No Nicknames)

Male or female \_\_\_\_\_ Date of Birth \_\_\_\_\_

Father's full name \_\_\_\_\_ (Biological) Father's religion \_\_\_\_\_

Mother's name \_\_\_\_\_ (Biological) Mother's religion \_\_\_\_\_  
&

Maiden name \_\_\_\_\_

(Mailing name if different from the child's last name) \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Email (PLEASE PRINT CLEARLY) \_\_\_\_\_

BEST CONTACT PHONE NUMBER (HOME OR CELL) \_\_\_\_\_

EMERGENCY CONTACT PERSON (OTHER THAN PARENT)  
\_\_\_\_\_

What Grade will the student be in September 2019? \_\_\_\_\_

**SPECIAL NEEDS: PLEASE LIST ANY ALLERGIES, OR ANY OTHER MEDICAL OR LEARNING ISSUES**  
\_\_\_\_\_

**YES** \_\_\_ I give my permission for my child's picture to be taken and published

**NO** \_\_\_ I do not want my child's picture published

**NEW STUDENTS ONLY: A COPY OF THE STUDENT'S BAPTISMAL CERTIFICATE MUST BE ATTACHED TO THIS FORM.**

Has the student received First Reconciliation? If so, when? \_\_\_\_\_

Has the student received First Communion? If so, when? \_\_\_\_\_

Has the student received Confirmation? If so, when? \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**OFFICE USE ONLY**

TUITION FEE \_\_\_\_\_

CHECK# \_\_\_\_\_ DATED \_\_\_/\_\_\_/2019

SACRAMENT \_\_\_\_\_

CASH \_\_\_\_\_ OTHER \_\_\_\_\_

TOTAL \_\_\_\_\_