

**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 _____

SACRAMENT _____

TOTAL _____

CHECK# _____ DATED ___/___/2019

CASH _____ OTHER _____