

St. Gabriel's Religious Education 2019
Summer Registration – 1 Form per Family
Lottery Form
Please Print Clearly

Parent/Guardian
Name(s) _____

Student Information:

Student Name(s) 1. _____ Grade Sept. 2019 _____
2. _____ Grade Sept. 2019 _____
3. _____ Grade Sept. 2019 _____

Contact Info:
Email _____ Phone _____

Week Preference: Please write 1 for first choice and 2 for second choice.

___ August 5 – August 9 8:30AM – 3:00PM

___ August 12- August 16 8:30AM – 3:00PM

___ Yes ___ No – My family was part of the August 2018 Summer Program?

___ Yes ___ No – Are you willing to volunteer the week your child attends?

___ Lunch duty(approximate time 11AM -1:30PM)

___ Parking lot duty AM or PM 8:30AM - 9:00AM and/or 2:20PM - 2:40PM

___ Miscellaneous help (Classroom, office, hallway)

Please list contacts other than parent in case of emergency:

Name	Cell	Relationship
1. _____		
2. _____		
3. _____		