

Re-Registration Form

Family fee _____
Date _____
Cash _____ Check _____
Rec'd by _____

St. Mary of the Hills
Religious Education Program
2018-19

Family Name _____	Home Phone _____
Address _____	Town & Zip _____
Email _____	
Mother's First Name _____	Mom's Cell _____
Mother's Maiden Name _____	Religion _____
Father's First Name _____	Dad's Cell _____
Father's Religion _____	

Are you okay to receive texts on your cell phone for cancellations? _____

Emergency Information:

Please give the names & daytime phone numbers for two people who could pick up your child in the event of illness or minor injury if you cannot be reached.

1. _____ Phone _____
2. _____ Phone _____

Please describe any medical issues, allergies, academic/behavioral difficulties of which our catechists/teachers should be aware.

<u>Student Name</u>	<u>Grade in Sept.</u>
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____