

Registration
2016 – 2017

CHURCH OF NOTRE DAME RELIGIOUS EDUCATION

2325 HIGHLAND RD, HERMITAGE PA 16148

Please print all information and complete all blanks.

Phone#: 724.981.9447 Email: notredame-re@live.com

Fax#: 724.981.3215 Web: www.notredame-pa.org

Family Last Name _____ Home Phone No. _____

Address _____ City, State & Zip _____

Parent E-Mail _____

Father's first & last name: _____ Cell Phone No. _____

Religion _____ Parish/Church _____

Address (if different from above) _____

Mother's first/maiden/lastname: _____ Cell Phone No. _____

Religion _____ Parish/Church _____

Address (if different from above) _____

Marital Status: (please circle)				
MARRIED	SINGLE	SEPARATED	DIVORCED	
Children live with: _____ both parents _____ Mother _____ Father				
Mother's custody _____ 100% _____ 50%		Father's custody _____ 100% _____ 50%		
If children do not live with both parents, does the non-custodial parent have permission to pick the child up? _____ YES _____ NO				
Should the non-custodial parent be kept informed of all activities of the Religious Education Ministry? _____ YES _____ NO				

STUDENTS REGISTERING:

Name _____						
First	Last	Birth Date	Sex	Grade	School	
Sacramental info: mark with an "X" if received						
Baptism	Recon.	Euch.	Conf.			
_____	_____	_____	_____			

Name _____						
First	Last	Birth Date	Sex	Grade	School	
Sacramental info: mark with an "X" if received						
Baptism	Recon.	Euch.	Conf.			
_____	_____	_____	_____			

Name _____						
First	Last	Birth Date	Sex	Grade	School	
Sacramental info: mark with an "X" if received						
Baptism	Recon.	Euch.	Conf.			
_____	_____	_____	_____			

Name _____
First Last Birth Date Sex Grade School

Sacramental info: mark with an "X" if received
Baptism Recon. Euch. Conf.

Name _____
First Last Birth Date Sex Grade School

Sacramental info: mark with an "X" if received
Baptism Recon. Euch. Conf.

**Is your Child/ren Baptized at Notre Dame Church? Yes No (please circle one)
If NO, we will need a copy of their Baptismal Certificate.

Emergency Contact:

Name: _____ Relationship _____

Phone No. _____

Please detail any special information or health problems for each student registering.
This would include: physical needs, learning needs, reading or writing difficulties, allergies (drugs, food, environment, etc.). This information will be kept **strictly confidential**, it is for Religious Education use only.

Tuition fee: \$50 per family (regardless of number of children)
\$20 book fee per child

Tuition is due @ the end of September. Installments are acceptable. If your family is experiencing financial difficulties, please contact the office. No family will be turned away due to inability to pay.

(Parent Signature) (Date)

Please return competed form and tuition (made check payable to Notre Dame) on or before September 1, 2016.