

Registration
2018 – 2019

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/last name _____ 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 Notre Dame Religious Education Ministry?			_____ YES	_____ NO

STUDENTS REGISTERING:

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

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

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

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

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

**** Was your child (or Were your children) Baptized at Notre Dame Church? ___YES ___NO**
 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), PLUS
 \$20 book fee PER CHILD**

Tuition is due @ the end of October. Installments are acceptable. If you 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 completed form and tuition (check payable to Notre Dame) by Sept. 17, 2018