

Religious Education Registration Form- 2016-2017

St Mary's of the Lake

Office Use Only	
Date: _____	Paid _____
Ck #: _____	Cash _____
Balance: _____	Med Form _____

Please Print Legibly

Parent Name(s) _____

Address _____

City _____ State _____ Zip _____ Phone _____

E-Mail Address _____ Text? Y/N

____ I have read and will comply with St Mary of the Lake CCD Handbook.

Signature _____

Returning Student:	Grade:	Name of School:
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Please list any NEW students to the Program

1. Name _____ Grade _____ Date of Birth _____

Name of School _____ Baptism Year _____ Church _____

1st Eucharistic Year _____ Church _____

2. Name _____ Grade _____ Date of Birth _____

Name of School _____ Baptism Year _____ Church _____

1st Eucharistic Year _____ Church _____

Note: If student is in 2nd or 8th grade, please attach Sacramental Prep Form.