

St. Francis of Assisi Religious Education 2150 Frieze Ave. Ann Arbor, MI 48104 734-821-2130
2010/2011 Religious Education Registration Form

Name/Address Information:

Father's Name: _____ Mother's Name: _____
First Name Last Name First Name Last Name

Does your child live with (*please circle*): Both parents; Mother; Father; Other: _____

If child lives with other than parents, Name of Guardian: _____

Home Address of child _____
Address City Zip

Correspondence will be sent to the home address of the child, unless otherwise indicated.

Father's (*Guardian*) Home Phone: _____ Cell Phone: _____ Work Phone: _____

Father's (*Guardian*) Email: _____

Mother's (*Guardian*) Home Phone: _____ Cell Phone: _____ Work Phone: _____

Mother's (*Guardian*) Email: _____

Parish Registered In: _____ Are you new to classes here? _____

Will you _____ (*please circle*): Teach/Co-Teach; Aid; Child Care; Special Events
Name Grade Preference:

Offer talents, such as music, art, sewing, professional (*please describe*): _____
Parents who teach (training is provided) for the year receive free tuition. Parents who aid for the year receive a 50% tuition reduction.

Session Information:

1. Complete children's information.

2. Indicate the sacraments your child has already received.

3. Check session preferences by marking 1 for first choice & 2 for second choice.

Child's First & Last Name	Gender	School Child Attends	Birth date	2010/11 Grade	None	Catholic baptism or RCIA/profession of Faith	Reconciliation (Confession)	Communion (Eucharist)	Confirmation	Sunday Family Session A (K-5 & 6-8)	Sunday Family Session B (K-5)	Mon 4:30 K-5	Wed 6:30 1--5	Wed 6:30 6--8	Pre-I Sunday (3yrs)	Pre-II Sunday (4yrs)

Tuition fees are found on back of sheet. Every child is welcome to classes— call for aid information if tuition poses a hardship for you.

If your child desires to be placed with a friend, please include the name of the friend below:
Requests will be honored, if made early, but are not guaranteed due to class size limitations.

Please fill out Additional Information and Emergency Form found on the back of this sheet.

1. Please explain any allergies your child has in the space below. Please include name of child and allergy:
2. Please explain any physical, social or learning disability needs that your child may have in the space below.
Name of Child/Special Needs:

St. Francis offers at various times events to celebrate the cultural diversity of our parish.

Are you or a family member from a country other than the United States? _____

If yes, what country? _____

Do you speak fluently a language in addition to English? _____ If yes, what language? _____

Emergency Information:

If my child becomes ill or is injured while attending Religious Education classes, please call:

1. Name: _____ Relationship: _____ Phone: _____

2. Name: _____ Relationship: _____ Phone: _____

I authorize the staff of St. Francis to seek emergency medical care for my child as deemed appropriate. Our doctor of preference is: _____ Phone: _____

Our hospital preference is: _____

Signed: _____ Date: _____

Tuition: \$235/family. (Includes children in Sunday Family Religious Education, Monday, Wednesday, and Sunday Preschool (I/II) Sessions). Early Registration Discount: Register by July 23 and take \$40 off your tuition. For Pre I Enrich Mon & Wed and Pre II Enrich T & Th: See separate registration form. **Deposit: \$50 of the tuition is due at the time of registration.**

Tuition Aid: Every child is welcome to Religious Education classes—please call for aid information if the tuition payment poses a hardship for you. Donations towards the Tuition Aid program are always welcome.

<i>Office Use Only</i>	Amount	Date	Check #	Balance
Total Tuition Due:				
Registration Date:				