

CHURCH OF ST. MARY – ST. JOSEPH & OUR LADY OF MT. CARMEL

RELIGIOUS EDUCATION

FAMILY INFORMATION

Media Release Forms: _____

Mother's name: _____

Cell: _____

Father's name: _____

Cell: _____

Mailing Address: _____

Emergency contact (if parent cannot be reached): _____

Relation with the child: _____

Cell: _____

CHILD: _____

Baptism: Yes No

First Communion: Yes No

School: _____

Birth Cert. on file: Yes No

Grade in September _____

Special Medical Conditions: _____

Allergies: _____

Rel Ed. Office only: _____

CHILD: _____

Baptism: Yes No

First Communion: Yes No

School: _____

Birth Cert. on file: Yes No

Grade in September _____

Special Medical Conditions: _____

Allergies: _____

Rel Ed. Office only: _____

CHILD: _____

Baptism: Yes No

First Communion: Yes No

School: _____

Birth Cert. on file: Yes No

Grade in September _____

Special Medical Conditions: _____

Allergies: _____

Rel Ed. Office only: _____

FAMILY FEE IF YOU REGISTER BY: May \$130 June \$150 July \$175 August \$200

Balance previous year: \$ _____ First Communion fee \$30 () Confirmation fee \$50() Total Due: \$ _____

PAYMENT IN FULL IS REQUIRED AT THE TIME OF REGISTRATION

| | | | | | | |
|---------|---|---------|---|-------------|-------|-----------|
| Balance | - | Payment | = | New Balance | Date | Receipt # |
| _____ | - | _____ | = | _____ | _____ | _____ |

AGREE TO PAY THE FULL AMOUNT BY THIS DATE: _____

If full payment is not made by the above date, I agree to pay the corresponded fee at the time that payment is submit.

PARENT SIGNATURE: _____

Date _____

CHURCH OF ST. MARY – ST. JOSEPH & OUR LADY OF MT. CARMEL

RELIGIOUS EDUCATION

INFORMACIÓN DE LA FAMILIA

Forma de Autorización de Medios: _____

Nombre de la Mamá: _____

Celular: _____

Nombre del Papá: _____

Celular: _____

Domicilio: _____

En caso de emergencia contactar (**Si los Padres no pueden ser localizados**): _____

Relación con el niño (a): _____ Celular: _____

NIÑO (A): _____

Baptism: Yes No

First Communion: Yes No

Escuela: _____

Birth Cert. on file: Yes No

Grado en Septiembre _____

Condiciones Médicas Especiales: _____

Alergias: _____

Rel Ed. Office only: _____

NIÑO (A): _____

Baptism: Yes No

First Communion: Yes No

Escuela: _____

Birth Cert. on file: Yes No

Grado en Septiembre _____

Condiciones Médicas Especiales: _____

Alergias: _____

Rel Ed. Office only: _____

NIÑO (A): _____

Baptism: Yes No

First Communion: Yes No

Escuela: _____

Birth Cert. on file: Yes No

Grado en Septiembre _____

Condiciones Médicas Especiales: _____

Alergias: _____

Rel Ed. Office only: _____

CUOTA FAMILIAR SI SE REGISTRAN EN: Mayo \$130 Junio: \$150 Julio: \$175 Agosto : \$200

Balance del año anterior: ____ Primera Comunión \$30 () Confirmación \$50 () Total a pagar: \$ ____

EL PAGO COMPLETE ES REQUERIDO AL MOMENTO DE REGISTRARSE.

| | | | | | | |
|---------|---|---------|---|-------------|-------|-----------|
| Balance | - | Payment | = | New Balance | Date | Receipt # |
| _____ | - | _____ | = | _____ | _____ | _____ |

ACEPTO PAGAR LA CUOTA COMPLETA PARA LA SIGUIENTE FECHA: _____

Si mi pago no es hecho en la fecha señalada, estoy de acuerdo en pagar la diferencia de cuota según el día de mí pago.

PARENT SIGNATURE: _____

Date _____