

2019-2020

Catholic Parishes of Stoughton Religious Education Program Registration

My Family is Registered at: St. James Immaculate Conception

Parent Name: _____ I will teach Grade _____
Fee: \$125/Student \$300 /Family 3 or more

Student Name: _____ (Last) (First) (Middle Initial)

Address: _____ (Street) (City/Town) (Zip Code)

Email Address: _____

Telephone:(_____)_____ Child Lives With _____

Date of Birth:_____ Grade Level (in Sept.)_____ School:_____

Baptized Penance Communion Church & Town:_____

Special Learning Needs:_____

Medical Information (Asthma, diabetes, medications, allergies, etc.):_____

Sessions Choices
Please mark your choice

Table with 5 columns: Grades 1-3 Sunday 8:30-9:30, Grades 4-6 Monday 4:00-5:15, Grades 7-8 Monday 5:30-7:00, Grades 9-10 Monday 7:00-8:30, Grades 1-3 Tuesday 4:00-5:15

PARENT INFORMATION

Father's Full Name:_____ Religion:_____

Address:_____ (Street) (City/Town) (Zip)

Telephone/Cell Phone:_____

Mother's Full Name:_____ Maiden Name:_____

Address:_____ (Street) (City/Town) (Zip)

Religion:_____ Telephone:_____

Emergency Contact:_____ (Name) (Telephone)

Parent/Guardian Signature

Date