

**Church of the Nativity
Office of Religious Education
7225 Southeastern Avenue
Indianapolis, IN 46239
317-359-6075**

August 5, 2011

Dear parents of our 4 and 5 year old parish children,

If you have a 4 or 5 years old child (who is not yet in Kindergarten), you are invited to sign them up for our Sunday Morning Pre-school Class. This class is held in our Parish School Building and is planned for ALL children of our parish. Classes are held on the same schedule as those for children who are in public or private schools other than Catholic schools.

Complete the Registration Form (next page) and:

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- **(from our website) download, complete and return as an attachment,**
 - **mail to the Rel. Ed. Office at the above address,**
 - **drop off at the Parish Office between 8 am and 4 pm, Monday through Friday or**
 - **place it in the Parish Drop Box anytime the office is closed. (The Box is located on the front porch of the Parish Center.)**
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Classes begin on Sunday, August 28th with a gathering in Weilhammer Hall at 9:30 am. Children will be dismissed to their classroom from there. A short Parent Meeting follows. Pre-School Class will be over at 10:30 am. There is no registration fee for participation in this program.

Questions??? Call Rel. Ed. Office 359-6075.

Family Name _____

CHURCH OF THE NATIVITY

Office of Religious Education, 7225 Southeastern Avenue, Indpls., IN 46239
(317) 359-6075

**2011-12 Registration Form
Sunday Morning Pre-School Class**

Our Pre-school class is planned for **ALL** 4 and 5 year old children **of our parish**.
Classes are held in the School Building from 9:30-10:30 am on Sunday mornings on the
same dates as our Sunday Morning Religious Education Program. There is no
registration fee for participation in this pre-school program.

Today's Date _____

Father's Name _____ Religion _____

Mother's Name _____ Religion _____

(include Maiden Name)

Address _____ City _____ Zip _____

Home Phone: _____ Cell Phone (Circle: Mom? Dad?) _____

Email address (Please print clearly) _____

Children being registered:

1. Name _____ Age _____ Birthdate _____

Please indicate any health (allergy) or educational needs: _____

2. Name _____ Age _____ Birthdate _____

Please indicate any health (allergy) or educational needs: _____

3. Name _____ Age _____ Birthdate _____

Please indicate any health (i.e. allergy) or educational needs: _____

EMERGENCY INFO: If you are unable to contact us in Weilhammer Hall or on our cell
phone, call:

Name _____ Phone _____

Relationship to the child (grandparent, neighbor, etc.) _____