

Family Name \_\_\_\_\_

### Church of the Nativity Sunday Morning Religious Ed.

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

### 2011-12 Registration Form

Today's date \_\_\_\_\_

Father's Name \_\_\_\_\_ Religion \_\_\_\_\_

Mother's Name \_\_\_\_\_ Religion \_\_\_\_\_

(including Maiden name [i.e. Mary Smith Jones])

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_ Daytime Phone (Circle Mom Dad): \_\_\_\_\_ Cell: \_\_\_\_\_

E-mail address (PLEASE PRINT) \_\_\_\_\_

If you wish to also have student and class information sent to a parent at another address, please enter name, address, city, zip, & email address: \_\_\_\_\_

.....  
**Children** being registered:

PLEASE INCLUDE a Baptismal Certificate for each child KG-2<sup>nd</sup>gr the **first year** they are enrolled.

1. Name \_\_\_\_\_ Birthdate \_\_\_\_\_

School attending \_\_\_\_\_ Grade \_\_\_\_\_

My child has received: \_\_\_ Baptism \_\_\_ Reconciliation \_\_\_ Eucharist \_\_\_ Confirmation

2. Name \_\_\_\_\_ Birthdate \_\_\_\_\_

School attending \_\_\_\_\_ Grade \_\_\_\_\_

My child has received: \_\_\_ Baptism \_\_\_ Reconciliation \_\_\_ Eucharist \_\_\_ Confirmation

3. Name \_\_\_\_\_ Birthdate \_\_\_\_\_

School attending \_\_\_\_\_ Grade \_\_\_\_\_

My child has received: \_\_\_ Baptism \_\_\_ Reconciliation \_\_\_ Eucharist \_\_\_ Confirmation

Use other side if space is needed for additional children.

**Please note any physical, emotional or learning conditions or allergies requiring special attention. This will be kept confidential and will help us assist in your child's learning experience.**

**EMERGENCY NAME AND NUMBER DURING CLASS TIME:**

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship to child \_\_\_\_\_

**FEES** are based on the number of children in a family enrolled in our K-12 RE Program. Installment payments can be arranged by calling Rel. Ed. Office 359-6075. No one is denied religious education because of inability to pay.

I am registering the following number of children for:  
\_\_\_\_ KG thru 8<sup>th</sup> grade  
\_\_\_\_ 9-12<sup>th</sup> grades  
\_\_\_\_ Total # being registered

	Parishioner	Non-Parishioner
1 child	\$ 75	\$ 90
2 children	\$115	\$180
3 children	\$125	\$200
4 + children	\$135	\$210

Total due: \$ \_\_\_\_\_

Make check payable to "Nativity Church".

Amt. Pd: \_\_\_\_\_ Date: \_\_\_\_\_

Amt. Pd: \_\_\_\_\_ Date: \_\_\_\_\_

(over please)

4. Name \_\_\_\_\_ Birthdate \_\_\_\_\_  
 School attending \_\_\_\_\_ Grade \_\_\_\_\_  
 My child has received: \_\_\_ Baptism \_\_\_ Reconciliation \_\_\_ Eucharist \_\_\_ Confirmation
5. Name \_\_\_\_\_ Birthdate \_\_\_\_\_  
 School attending \_\_\_\_\_ Grade \_\_\_\_\_  
 My child has received: \_\_\_ Baptism \_\_\_ Reconciliation \_\_\_ Eucharist \_\_\_ Confirmation

**Important:**

Occasionally photos are taken of our children during class time working on projects. May we have your permission to submit a photo for publication to local papers?

\_\_\_ Yes \_\_\_ No \_\_\_ Please contact me for permission

**Covenant**

As the primary educators of our child(ren) we agree to assist with our child's formal Religious Education by:

- Participating in the life of the parish, as demonstrated by our weekly Mass attendance
- Completing a yearly Stewardship card

Parent signature: \_\_\_\_\_ Date: \_\_\_\_\_