

Holy Angels Religious Education Registration Form for 2017 - 2018

Please print clearly in ink. Return this form to the **Religious Education Office**, or mail to **585 Main Street, Meriden, CT 06451-4934**.

Family Name: _____ **Parent Names:** _____

Address: _____ **City:** _____ **Zip:** _____

Home Phone: _____ **Cell:** _____ **Work:** _____

E-mail: _____

E-mail is our preferred method of contact for notes/reminders. You will not receive 'junk' mail from us.

Child's Name	Male or Female	Date of Birth	Sacraments Received <i>Circle all that apply</i>	Grade <i>Entering in fall 2017</i>	Class Fee
_____	_____	_____	Baptism Reconciliation First Communion	_____	[]
_____	_____	_____	Baptism Reconciliation First Communion	_____	[]
_____	_____	_____	Baptism Reconciliation First Communion	_____	[]
_____	_____	_____	Baptism Reconciliation First Communion	_____	[]

Subtotal = []
Total enclosed - []
Balance due = []

All Classes held on Sunday morning from 9:00 - 10:15 a.m.			
Registration Fees			
Parishioner		Non-Parishioner	
Grades K&1, 2, 4, 5, 6, 7, 8, 9		Grades K&1, 2, 4, 5, 6, 7, 8, 9	
Early Registration by July 31	\$40	Early Registration by July 31	\$70
After August 1	\$80	After August 1	\$140
Sacramental Grades - 3 and 10		Sacramental Grades - 3 and 10	
Early Registration by July 31	\$70	Early Registration by July 31	\$125
After August 1	\$140	After August 1	\$175

Parishioner envelope # _____ *

To be considered a Parishioner, you must attend Mass regularly and contribute financially using the envelope system. If you do not use the envelope system, but do attend Mass, please speak with Father Symolon to pay the Parishioner rates.

NEW students must provide copy of baptismal certificate. Please make checks payable to *Holy Angels Religious Education*.

In the event of an emergency and a parent is unavailable, we must have current information for 2 (two) local contacts.

Name: _____ Name: _____

Relationship: _____ Relationship: _____

Address: _____ Address: _____

Home Phone: _____ Home Phone: _____

Cell Phone: _____ Cell Phone: _____

This person is authorized to pick up my child. Yes No This person is authorized to pick up my child. Yes No

Important! Please list any information about your child that would be helpful for the Catechist, or office staff, to know to ensure your child's safety and well being. Include allergies, medical or dietary concerns, medications, learning styles, or other challenges. (use back if needed).

May we photograph your child(ren)? Yes No May we send photos to media or post on website? Yes No

My child(ren) have permission to walk home. Yes No

In case of a serious accident or illness, Holy Angels staff will call 911 to ensure the safety and health of your child.

Parent Signature: _____

Date: _____

This program is made possible with parent cooperation. Please check which area you, or a family member, would be available to help with. ___ Teacher/Catechist* ___ Substitute Catechist

Office Use
Date: _____ Check # _____

Amount \$ _____

Notes: _____

* Registration Fee is waived for Catechist's children.