

St. Mary of the Lake Religious Education Registration – 2009-10

Mother's Name _____

Home Phone _____ Work Phone _____ Cell Phone _____

Address _____ City _____ Zip _____

Father's Name _____

Home Phone _____ Work Phone _____ Cell Phone _____

Address _____ City _____ Zip _____

E-mail Address _____

PLEASE – Print legibly – Use Ø for zero and O for letter O – Indicate number one or letter L

Tuition _____ Parishioner – \$45 per child _____ Nonparishioner – \$80 per child
 Catechist and assistant catechist families are exempt from tuition

PROGRAM OPTIONS

CGS – Level I – 3 yrs.-KN
 Must be 3 yrs. by 9/1/09
 Sun. 9:15-10:15 a.m.

CGS – Level II – 1st and 3rd Grades
 Wed. 4:30-6:00 p.m.
 Wed. 6:30-8:00 p.m.

**CGS – Level II – 2nd Grade
 1st Communion Preparation**
 Wed. 4:30-6:00 p.m.
 Wed. 6:30-8:00 p.m.

CGS – Level III – 4th – 6th Grades
 Wed. 4:30-6:00 p.m.
 Wed. 6:30-8:00 p.m.

7th – 9th Grades
 Wed. 6:30-7:45 p.m.

**10th Grade – Confirmation
 Preparation**
 Wed. 6:30-7:45 p.m.

First Name	Last Name If Different	Sex M/F	Age	Grade 2009-10 Kn – 10 th	Birth Date M/D/Y	School Presently Attending	Program Day and Time	Sacraments Already Received
Child #1							<input type="checkbox"/> Sun. 9:15 <input type="checkbox"/> Wed. 4:30 <input type="checkbox"/> Wed. 6:30	<input type="checkbox"/> Baptism <input type="checkbox"/> 1 st Reconciliation <input type="checkbox"/> 1 st Communion <input type="checkbox"/> Confirmation
Child #2							<input type="checkbox"/> Sun. 9:15 <input type="checkbox"/> Wed. 4:30 <input type="checkbox"/> Wed. 6:30	<input type="checkbox"/> Baptism <input type="checkbox"/> 1 st Reconciliation <input type="checkbox"/> 1 st Communion <input type="checkbox"/> Confirmation
Child #3							<input type="checkbox"/> Sun. 9:15 <input type="checkbox"/> Wed. 4:30 <input type="checkbox"/> Wed. 6:30	<input type="checkbox"/> Baptism <input type="checkbox"/> 1 st Reconciliation <input type="checkbox"/> 1 st Communion <input type="checkbox"/> Confirmation

For 2 or more children 3 years through 6th grade – Keep them together _____ Have them in separate classrooms _____

Allergies – Please list child's name and allergy _____

Special Needs/Behavior Issues/Helpful Information – List child's name and any pertinent information – Use the back if needed

My child has an IEP at school: Yes _____ No _____

OFFICE USE ONLY – Date Received _____ Amount Paid _____ Check No. _____ Cash _____
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