

Saint Kilian Congregation Religious Education Registration – 2011-12

Family Name _____ Phone # _____ (main contact)

Address _____
(List address at which child(ren) reside)

City _____ State _____ Zip _____

List Children – Oldest to Youngest - Please Complete All Information

<i>Student Information</i>	<i>1st Child</i>	<i>2nd Child</i>	<i>3rd Child</i>	<i>4th Child</i>	<i>5th Child</i>
First Name					
Middle Name					
Last Name					
<i>Boy or Girl</i>					
Date of Birth					
Grade (Fall)					
School Attending					
<i>Check if Celebrated</i>					
Baptism					
Reconciliation					
Eucharist					
Confirmation					

Father's Name _____ *Religion* _____
(First Name) (Last Name)

(List address if different from above) *Occupation* _____

city state zip code

Phone _____
(Home) (Work) (Cell) For Emergency Purposes

E-Mail _____

Mother's Name _____ *Religion* _____
(First Name) (Last Name)

(List address if different from above) *Occupation* _____

city state zip code

Phone _____
(Home) (Work) (Cell) For Emergency Purposes

E-Mail _____

Please list the Parish where you are registered as members.

Name of Parish _____ City _____

Are you regular, contributing members?

Yes _____ No _____

If your child has any learning, behavioral, or medical problems that we should be aware of, please indicate that below.

All information will be sent to the address at which the children reside.

If you would like correspondence sent to a second address, (for example: if Mom and Dad are divorced), please check the box and write the name and address below.

Second Mailing Address Yes _____ No _____

Relationship to Child/ren _____

Name _____

Address _____

City, State, Zip _____

Tuition for Religious Education Classes

Fee for Registered Members of St. Kilian Parish	\$105.00 per student
Fee for Non-Parish Members	\$210.00 per student

Payment is requested at the time of registration unless other arrangements have been made with the Director of Administrative Services (262-673-4831 ext. 404)

of Children registered _____ Date _____

Total Amount Due _____

\$scrip Credit _____

Amount Enclosed _____

Check # _____ Cash _____