

**ST. ROBERT BELLARMINE PARISH RELIGIOUS EDUCATION  
ELEMENTARY/JUNIOR HIGH REGISTRATION FORM 2014-2015**

CHILDREN'S LAST NAME: \_\_\_\_\_ (Parents last name if different)

STREET ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

EMAIL ADDRESS OF PARENT: \_\_\_\_\_

Please Print Clearly

Mother's Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Living in home: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Living in home: \_\_\_\_\_

*To Be completed By Office*

Child's first name	Grade In Sept. 2014	Birthdate	School Child Attends	Enrolled Here before	Are you Baptized	If so, in Catholic church	Made First Communion? YES or NO	Bapt. Cert on file	Class Assignment

*Are your children/child permitted to walk home from class* \_\_\_\_\_

**IN ORDER FOR REGISTRATION TO BE COMPLETE FORMS MUST INCLUDE:**

- 1. COPY OF BAPTISM CERT. (IF NOT ON FILE), 2. PERMISSION SLIP, 3. MEDICAL CARD**

**FEE SCHEDULE ON BACK**

**Office Use Only**

Registration date: \_\_\_\_\_

Paid: \_\_\_\_\_

Check #/Cash \_\_\_\_\_ (Credit Cards Acceptable)

Balance: \_\_\_\_\_

Entry \_\_\_\_\_

Bapt. Cert. on file \_\_\_\_\_

Permission Slip \_\_\_\_\_

Medical Card \_\_\_\_\_

Data

Skybolt \_\_\_\_\_