

# RE – REGISTRATION FORM

St. Cecelia Faith Formation Office

Learning to Live Our Catholic Faith

SEPTEMBER 11, 2023 – May 6, 2024

FAMILY NAME \_\_\_\_\_

STREET CITY ZIPCODE

HOME PHONE (\_\_\_\_\_) CELL PHONE (\_\_\_\_\_) \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_ CHURCH ENV# \_\_\_\_\_

EMERGENCY PHONE # NAME RELATIONSHIP TO CHILD

1. **HOME SITUATION** BOTH PARENT at home ( ) SINGLE PARENT ( )  
PARENT(S) DECEASED PARENT SEPARATED ( ) DIVORCED ( )  
NON-PARENTAL GUARDIANSHIP ( ) \*CUSTODY/VISITATION ISSUE ( ) \*  
MOTHER REMARRIED ( ) STEPFATHER'S NAME \_\_\_\_\_  
FATHER REMARRIED ( ) STEPMOTHER'S NAME \_\_\_\_\_  
CHILD RESIDES WITH \_\_\_\_\_

\*Please return a copy of your court document with your re-registration form.

2. **ALLERGY/MEDICAL** please complete the following questions if your child (ren) have specific needs. This information helps the catechist meet your child's specific needs and will not categorize your child in any way. Please Circle all that apply: Child's Name \_\_\_\_\_

ADD/ADHD MEDICATION/FOOD ALLERGY  
MEDICAL CONDITION/OTHER SPECIAL SERVICES: IEP, RESOURCE ROOM  
IN CLASS SUPPORT

EXPLANATION:

## 3. TRANSPORTATION

Walking ( ) A permission Note for children walking home after class must be submitted to the Religious Education Office  
Car Pool ( ) Name of person other than parent responsible for ride home.

Name Relationship

You must fill out this Registration Form for all new students. Please submit your child's Baptismal Certificates with the new registration form. We will make a copy of the original certificate and return it to you.

Student's Name Public School Attending Public School Religious Ed.  
in September 2023-2024 Grade in 2023-2024 Grade in 2023-2024

<b>Tuition.....PAY NOW</b> One Child \$100 – Two Children \$190 – Three + Children \$270 <b>Pay After June 28, 2023</b> One Child \$110 – Two Children \$210 – Three + Children \$280 <b>After August 31, 2023</b> One Child \$125 – Two Children \$220 – Three + Children \$300 Check Payable to Sr. Cecelia Church (\$50.00 of the tuition is NON-REFUNDABLE)			

PERSON COMPLETING THIS FORM \_\_\_\_\_

DATE \_\_\_\_\_ AMOUNT \_\_\_\_\_ Signature Relationship to Child  
PAID CHECK \_\_\_\_\_ CASH \_\_\_\_\_

Financial Difficulties (Please explain on the reverse side)

