

## GESU FAITH FORMATION REGISTRATION FORM

Tuition for the school year will be \$70.00 per child. A sacramental fee of \$50 is additional for 2<sup>nd</sup> and 8<sup>th</sup> graders. Please provide tuition payment with this form.

FAMILY NAME: \_\_\_\_\_ PHONE \_\_\_\_\_ \*\*EMAIL \_\_\_\_\_

MOTHER'S NAME \_\_\_\_\_ Catholic: yes no (If not, please list denomination) \_\_\_\_\_

FATHER'S NAME \_\_\_\_\_ Catholic: yes no (If not, please list denomination) \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY/STATE/ZIP \_\_\_\_\_

SUNDAY MORNING EMERGENCY CONTACT NAME AND PHONE \_\_\_\_\_

NAME OF PARISH YOU BELONG TO \_\_\_\_\_

**\*\*Please put your e-mail address as we will be communicating reminders and important info via the e-mail address you provide. PRINT CLEARLY!**

\*Place a check mark next to the appropriate sacrament if completed

INFORMATION	CHILD # 1	CHILD # 2	CHILD # 3	CHILD # 4	CHILD # 5
Child's Name <small>(Include last name if different from family name)</small>					
<b>School and grade</b> this fall					
Date of Birth					
Age and Gender					
Place of Baptism					
- Reconciliation					
- 1 <sup>st</sup> Communion					
Special Needs: <small>Physical, medical, emotional, allergies..</small>					

### VOLUNTEERS ALWAYS WANTED:

**I am willing to :**

\_\_\_\_\_ be a classroom helper      \_\_\_\_\_ office      \_\_\_\_\_ sub occasionally

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OFFICE USE: Tuition Due \_\_\_\_\_ Tuition Paid \_\_\_\_\_ Cash/Ck# \_\_\_\_\_ Date \_\_\_\_\_  
sacrament Fee (if applicable) paid \_\_\_\_\_ Due \_\_\_\_\_

**\*\*\*PLEASE FILL OUT MEDICAL AUTHORIZATION FORM ALSO\*\*\***

