

St. Aloysius Religious Education Program 2019-2020

Returning Student Enrollment Form

Place a check in the box of the session that you are registering your child for:

Session A: Sun. 8:30am _____	Session B: Sun. 10:00am _____	Session C: Tues. 3:30pm _____
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Student Information

Name of Child: _____ Age: _____

School Attending: _____ Grade in Sept.: _____

Emergency Contact Name: _____

Emergency Phone #: _____

Any special comments: _____

Pictures of my child may be used on the St. Aloysius websites. Yes ___ No ___

Parent/Guardian Signature	Parent/Guardian Name (please print)	Date
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If any of the information below has changed, please provide your new information

Address: _____ Zip Code: _____

Home Phone: _____ Cell: _____

Parent's Email: _____

REGISTRATION FEE: \$ 75.00 per one child \$10.00 for each additional child

Amount Paid: _____ Payment Type: _____ cash _____ check

Person who took registration _____ Person who took fee _____

Was registration info entered into the database? _____ Label Made _____