

***Holy Angels/St. Alexander's
Religious Education Registration Form***

Student Information

Name of Student: _____ Grade in Sept. '19: _____

Date of Birth: _____ School Attending: _____

Church of Baptism: _____ Date: _____

Current Parish (circle one): Holy Angels St. Alexander's

Please list any allergies to foods, medications, etc. _____

Please list any special needs/accommodations that should be considered: _____

Family Information

Emergency Contact Information:

Name of person(s): _____

Telephone Number: _____

Relationship to student: _____

Name of Parent(s)/Guardian(s): _____

Family Mailing Address:

Parent Email: _____

Home Phone: _____ Parent/Guardian cell: _____

Please provide additional contact information for persons authorized to pick up your son/daughter, or who may be contacted in case of emergency. Only authorized persons will be allowed to pick up your child.

Name: _____ Telephone: _____ Relationship _____

Name: _____ Telephone: _____ Relationship _____

Name: _____ Telephone: _____ Relationship _____

Please see back for fees. This page plus payment are all that is needed to register

Fees: Grades 1-7: \$40
 Grades 8-9: \$75