

Please Print

Date \_\_\_\_\_

2009 - 2010 St. Mary's Religious Education Registration  
800 Orchard Street, St. Clair MI 48079 - (810) 329-7801

Family Name \_\_\_\_\_

Address \_\_\_\_\_ City/Twp \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Emergency Contact \_\_\_\_\_ (during class time)

Emergency Phone \_\_\_\_\_

Father's Name \_\_\_\_\_ Religion \_\_\_\_\_

Mother's Name (inc. Maiden) \_\_\_\_\_ Religion \_\_\_\_\_

Father's Work Phone \_\_\_\_\_ Mother's Work Phone \_\_\_\_\_

Marital Status of Parents: Married Separated Divorced Widowed Single

Mother's Remarried Name (If applicable) \_\_\_\_\_

When Sending Mail-Who do we address to: \_\_\_\_\_

Address: \_\_\_\_\_

Parish Family is Registered at \_\_\_\_\_

(Must be registered at St. Mary's in order to pay in-parish fee)

**Student(s) Full Baptismal Name      Grade (in fall)      Age      Sex      School      Date of Birth**

1.	_____
2.	_____
3.	_____

**Student Sacrament Information: Please check if sacraments have been received.**

1. First Name \_\_\_\_\_ Baptism \_\_\_ Parish/City Baptized at \_\_\_\_\_

Eucharist \_\_\_ Confirmation \_\_\_

2. First Name \_\_\_\_\_ Baptism \_\_\_ Parish/City Baptized at \_\_\_\_\_

Eucharist \_\_\_ Confirmation \_\_\_

3. First Name \_\_\_\_\_ Baptism \_\_\_ Parish/City Baptized at \_\_\_\_\_

Eucharist \_\_\_ Confirmation \_\_\_

**~~~ Please circle the day you wish to attend ~~~**

Tuesday Afternoon 5:00-6:15  
Grades 1<sup>st</sup> – 8<sup>th</sup>

Wednesday Afternoon 5:00-6:15  
Grades 1<sup>st</sup>-6<sup>th</sup>

Wednesday Evening 6:45-8:00  
Grades 7<sup>th</sup> & 8<sup>th</sup>

Sunday Evening  
Grades 9<sup>th</sup>-12<sup>th</sup>

(Classes are filled on a "First Come – First Served" basis. If/When a class/day has been filled you will be notified that your child will be placed in the next available class/day. If all classes for your child's grade are full you will be notified that your child will be placed in a Home-schooled program.)

**\*\*Please tell us if there are any medical, physical, emotional or scholastic problems we might need to know regarding your child(ren) in order for us to help them with their Religious Education. (All information is kept completely confidential)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Tuition Information:**

**\*\*\*\*Check here if you plan to pay tuition through buying Scrip \_\_\_\_\_**  
**(Please call if you would like information sent about the Scrip Gift Card Program)**

**(Must be registered at St. Mary's in order to pay in-parish rate)**

**Registration Fee**

In Parish Rate:      1 Student - \$ 120.00  
                                 2 Students - \$ 165.00  
                                 3 or more Students - \$ 195.00

**Out of Parish Rate - \$ 225.00 per family (One or more students)**

**Retreat Fee - (2<sup>nd</sup> and 8<sup>th</sup> Grade only) - \$25 per student**

**High School Tuition - \$25.00 per student**

**NOTE:**

**( Registration will be temporarily closed on Saturday, August 22<sup>nd</sup> until after classes begin )**

Can you help with our program?

Please check if you can: Catechist - Day/Time Available \_\_\_\_\_

Assistant - Day/Time Available \_\_\_\_\_

Sub-Catechist - Day/Time Available \_\_\_\_\_

Occasional Office Help (during class times) - Day Available \_\_\_\_\_

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**(For Office Use Only)**

Family Name \_\_\_\_\_ Record of Payment \_\_\_\_\_ Check # \_\_\_\_\_

Registration Paid \_\_\_\_\_ Cash \_\_\_\_\_

Retreat Fee Paid \_\_\_\_\_

Scrip Credit \_\_\_\_\_

Balance Due \_\_\_\_\_ Received By \_\_\_\_\_ Date \_\_\_\_\_