SAINT MAXIMILIAN KOLBE PARISH RELIGIOUS EDUCATION PROGRAM ANNUAL FAMILY REGISTRATION FORM

FAMILY NAME:	New	_ Transfer		
Directions: Please include the	children in your family who will be participa	ating in Levels 1 through 8 fo	r the coming year in Religious Education	l.
STREET ADDRESS:		CITY:	ZIP CODE:	PHONE #
FAMILY E-MAIL:				
STUDENT LAST NAME	STUDENT FIRST NAME			(17-18) R.E. LEVEL
EMERGENCY CONTACT: Name:		(relationsh	ip to child)	
			1	
PLEASE INDICATE YOUR FIRST AND SECOND CHOICE Sunday mornings (10:30–11:45am): Monday Levels 1, 2, 3, 4, 5, 6 Monday Sunday evenings (6:00 –7:15 pm): Monday Levels 7, 8 Monday		afternoons (4:00-5:1	5 pm): $\frac{T}{\text{Levels 1}}$	uesday afternoons (4:00–5:15 pm): 2, 3, 4, 5 uesday evenings (5:45–7:00 pm):
Fee for 2017-2018 is as follows: \$12 Method of Payment: (choose one) Full payment may be madeTwo Payments: Half at time	5.00 for one child; \$175.00 at time of registration		\$200.00 for three or mo	re children
FOR OFFICE USE ONLY:				
Tuition amount for one child: \$12:Tuition amount for two children: \$Tuition amount for three or more c	5175			
Date Rec'd:Check #: _	Amount:			
Date Rec'd:Check #: _	Amount:			Catechist Family Classroom Aide Family