|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **FOR OFFICE USE ONLY** | | Volunteer? | |  |
| Tuition Due | $ | X | |  |
| Paid | $ | Date | | Ck# / Cash |
| Balance | $ |  | |  |
| I prefer the payment plan: \_\_\_\_\_\_\_\_ | | | Rec’d | |
|  | May | $ | | Ck# / Cash |
|  | June | $ | | Ck# / Cash |
|  | July | $ | | Ck# / Cash |
|  | Aug | $ | | Ck# / Cash |
| Payment Plans are expected to be paid in full by August 30th | | | | |

***Church of Saint Ann***

**PARISH RELIGIOUS EDUCATION PROGRAM**

**Re-REGISTRATION**

**2020-21**

**Please check preference**:

\_\_\_\_\_Sunday class

\_\_\_\_\_Monday Class (available for 2-3-7-8)

\_\_\_\_\_Seasonal Home Study Fall \_\_\_\_\_Winter \_\_\_\_\_ Spring \_\_\_\_\_

\_\_\_\_\_Yearly: Family Program of Study Not available for grades 2-7-8

Please see REGISTRATION INFORMATION for program descriptions.

**Student Name(s) Circle as needed\***

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DOB\_\_\_\_\_\_\_\_\_\_\_\_ Grade\_\_\_\_\_ Walker Choir

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DOB\_\_\_\_\_\_\_\_\_\_\_\_ Grade\_\_\_\_\_ Walker Choir \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DOB\_\_\_\_\_\_\_\_\_\_\_\_ Grade\_\_\_\_\_ Walker Choir

\*Additional forms required for Walkers and Choir.

It is vital that you inform us of any circumstances that may have changed since last registration, especially contact information and special needs / special circumstances.

Phone #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Is this a change? Yes No

Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Is this a change? Yes No

Change of address? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Change in special needs/circumstances? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **REGISTERED BY**  (Please Print)  **RELATIONSHIP TO STUDENT**  **Promotional Release**: I also consent to the use of any videotapes and/or photographs in which my child may appear by the  Diocese of Trenton and/or the parish. I understand that these materials are being used for promotion of the parish Religious  Education programs and/or activities, which may include recruitment and fundraising efforts.  **SIGNATURE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Parent/Legal Guardian Date |

I will volunteer as: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* If payment does not accompany this form, please attach payment plan form.
* If seeking financial aid please attach Financial Aid Form request.