

Parish of Registration _____ School District Child/Children Attend _____

Parents Last Name / First Name / First Name_____
Address / P.O. Box / City / Zip Code / Phone Number

Email address _____ Cell phone number _____ (Mother)

Cell phone number _____ (Father)

If you can't be reached in case of an emergency, please list another person and phone number to call.

Name _____ Phone Number _____

Relationship to Student _____

Name of Students	Grade	Date of Birth	Student	Sunday Collection Envelopes Yes or No
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Do any of your children have a current IEP (Individual Education Plan) that we should be aware of? Yes or No

If yes, please list child's name/diagnosis _____
(name) (diagnosis)Signature _____ Please check if you can help Teacher _____
Substitute _____
Helper _____
Youth Events _____

Religious Ed Fees – Preschool thru High School

All Saints Parishioners

Students outside of All Saints

\$70.00—one student

\$100.00—one student

\$100.00—two students

\$130.00—two students

\$130.00—three students (family maximum)

\$160.00—three students (family maximum)

Office Reference:

Amount Paid _____

Check Number _____