

LOWER ALLEGHENY VALLEY RELIGIOUS EDUCATION REGISTRATION

Child's Name and Address:	Grade and School (2018-2019 School Year):
Disabilities:	Allergies:

Mother's Maiden Name	First Name
Contact Number	Email address:

Father's Last Name	First Name
Contact Number	Email address:

Emergency Contact Name:	
Phone Number:	Secondary Number:
Relationship:	

We are members of: <input type="checkbox"/> Saint Pio <input type="checkbox"/> Saint Juan Diego <input type="checkbox"/> Saint Scholastica <input type="checkbox"/> Other:	My Child was Baptized at: Year: (If your child was not baptized at one of the three parishes listed, please attach a copy of the child's baptismal certificate.)
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My child will attend class on:	\$65 registration fee for each child. Scholarships available.
<input type="checkbox"/> Sunday (10:00-11:15 am)	<input type="checkbox"/> Tuesday (6:15-7:30 pm)
<input type="checkbox"/> Homestudy (monthly check-in)	<input type="checkbox"/> Small group (6th to 8th grade only)

OFFICE USE ONLY:		
<input type="checkbox"/> PAID	<input type="checkbox"/> CHECK (# _____)	<input type="checkbox"/> CASH