

**SAINT CLEMENT CHURCH-RELIGIOUS EDUCATION REGISTRATION 10-11**

*A COPY of children's baptismal certificates MUST be submitted for new students and those making sacraments!*

Child's Full Name \_\_\_\_\_ DOB \_\_\_\_\_ Grade \_\_\_\_\_

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Child's Full Name \_\_\_\_\_ DOB \_\_\_\_\_ Grade \_\_\_\_\_

Child's Full Name \_\_\_\_\_ DOB \_\_\_\_\_ Grade \_\_\_\_\_

Mother's Full Name \_\_\_\_\_ Father's Full Name \_\_\_\_\_

Work or cell Numbers: Mother/ \_\_\_\_\_ Father/ \_\_\_\_\_

Child's Home Phone \_\_\_\_\_ Family Email Address: \_\_\_\_\_

Street Address \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mother's Religion: \_\_\_\_\_ Father's Religion \_\_\_\_\_

Are you a current Saint Clement parishioner? y / n If not, where? \_\_\_\_\_

Was your child baptized at Saint Clement? y / n If not, where? \_\_\_\_\_

Child's School: \_\_\_\_\_

**HEALTH/EMERGENCY INFORMATION**

If no parent can be reached, contact: Name: \_\_\_\_\_

Relationship to Child \_\_\_\_\_ Phone \_\_\_\_\_

*Please list any and all learning problems for each child by name and grade as above:*

\_\_\_\_\_

*Please list any and all health/medical issues, including allergies, medications, etc. as above:*

\_\_\_\_\_

*In the event that the undersigned, or authorized physician cannot be reached, and in the judgement of the Director of Religious Education, Pastor, appropriate staff member, or other responsible person accompanying the group, there is a necessity for immediate examination and/or treatment of my child, I hereby authorize any of the aforesaid personnel to obtain for my child such medical services as are deemed necessary. I understand that any financial expense incurred is the responsibility of my family.*

Physician's Name \_\_\_\_\_ Phone \_\_\_\_\_

Hospital Name \_\_\_\_\_ Phone \_\_\_\_\_

Dentist's Name \_\_\_\_\_ Phone \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**TUITION/SACRAMENTAL FEES**

1 Child= \$335 yr or \$91.25 qtr – 2 children= \$435 yr or \$116.25 qtr – 3 or more= \$535 yr or \$141.25 qtr  
CONFIRMATION (grade 8) add \$125/ 1<sup>st</sup> EUCHARIST (grade 2) add \$45/ 1<sup>st</sup> RECONCILIATION(grade 3) add \$30  
1<sup>st</sup> Quarter Payment & Sacramental Fee due at registration-Non Parishioner, add \$100. Late fee \$25 per quarter  
Second Quarter due Nov 1, Third Quarter due February 1, Fourth Quarter Due April 1

Registration Amt \$ \_\_\_\_\_ Sacramental Fee\$ \_\_\_\_\_ Total \_\_\_\_\_ Date \_\_\_\_\_