

RELIGIOUS SCHOOL REGISTRATION FORM 2025 - 2026

PRE-SCHOOL - GRADE 12

Temple Member (___) Non-Temple Member (___) Non-Temple Under Grandparents (___)

Parent/Guardian _____
Last First

Parent/Guardian _____
Last First

Address _____
_____ Zip Code _____

Home Telephone _____ Email _____

Cell Phone #1 _____ Cell Phone#2 _____

Emergency Contact: Name _____ Telephone _____

REGISTRATION INFORMATION

Child's Name		Birth Date mm/dd/yyyy	Rel. Sch. Grade 9/25	Date Child turns 13	*Yrs In Rel Sch	Fee
Last First						
Last First						
Last First						
Last First						

Parent/Guardian _____ Date _____

*Total # of years in religious school before 2025-2026.

Payment

Check ☐

Cash ☐ Do not mail

Credit card ☐ Please call the office.

Bill me monthly ☐ Include first month

For Office only _____.

Total _____ Late Fee _____

Paid _____ Date _____

Balance Due _____

Rec'd By _____