

RELIGIOUS SCHOOL REGISTRATION FORM 2024 - 2025

PRE-SCHOOL - GRADE 12

Temple Member (\_\_\_) Non-Temple Member (\_\_\_) Non-Temple Under Grandparents (\_\_\_)

Mother's name \_\_\_\_\_  
Last First

Father's name \_\_\_\_\_  
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 9/24	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 2024-2025.

**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 \_\_\_\_\_