

Five Wounds Portuguese National Church Religious Education Registration for 2016-17

Date: _____

Street Address _____ Home Phone (555) 555-5555

City _____ State _____ Postal Code _____

First name	Middle Initial	Last name and maiden name	Birth Date (age) Ex: 4/1/80 (33)	Email	Mobile number (555) 555-5555	Work number (555) 555-5555
Father						
Mother						

Custodial Parent, if different from above:

First name	Middle Initial	Last name and maiden name	Birth Date (age) Ex: 4/1/80 (33)	Email	Mobile number (555) 555-5555	Work number (555) 555-5555

Additional comments or notes

NOTE: If this is your child's first year attending Five Wounds please bring a copy of their birth certificate, Baptism certificate, and Holy Communion certificate.

Fee per family: 1st Child is \$125; Additional Child is \$25; Confirmation Retreat fee is an additional \$150

<input type="checkbox"/> Paid, Date: _____ Cash \$ _____ Check # _____, \$ _____ Total: \$ _____; <input type="checkbox"/> Scholarship \$ _____

First name	Middle Initial	Last name	Birth Date (age) Ex: 4/1/80 (33)	Email	Mobile number (555) 555-5555	Are there any learning disabilities, allergies, illnesses, or problems that we should be aware of when working with this student?
Child						
<p>Grade level in School (as of September 2016): _____ Certificates on file/received: <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Baptism <input type="checkbox"/> Holy Communion</p> <p><input type="checkbox"/> Catechetical Education Grade _____ Holy Communion(grades 1-5) Holy Communion (grades 6-10) Confirmation: <input type="checkbox"/> Adult Sacramental program <input type="checkbox"/> Year 1 <input type="checkbox"/> One year program <input type="checkbox"/> Year 1 (must be 8th - 11th grader) <input type="checkbox"/> Year 2 <input type="checkbox"/> Year 2 (must be 9th - 11th grader)</p>						
Child						
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