

Parish you are registered at St. Augustine

Quad Parish Religious Education Registration 2018 – 2019

(414) 541-7515

This Registration Form is due no later than June 30, 2018 for all grades.

Father's Name _____

Please Print

Last Name/First Name

Religion

Cell Phone Number

Address _____

Number and Street Name

City

Zip Code

Home Phone Number

E-mail Address _____

(Will only be used for communications from the RE Office)

Mother's Name _____

Last Name/First Name

Religion

Cell Phone Number

Address _____

(If different from above)

Number and Street Name

City

Zip Code

Home Phone Number

E-mail Address _____

(Will only be used for communications from the RE Office)

MARITAL STATUS: Married Separated Divorced Single Widowed

(If divorced or separated, which parent has custody of child? Father Mother Both)

Preferred method of communication: Email Postal Mail

Please complete the other side of this Registration Form.

Student Name (Oldest to Youngest)	Grade (in Fall)	Birthdate (Include Year)	Male/ Female	Date / Church child was Baptized at	School the child attends

Please list any health issues, allergies or other information regarding special needs: _____

Tuition: \$65.00 per student

Payment: Make check payable and mail to:
St. Rita Parish
2318 South 61st Street
West Allis WI 53219

OFFICE USE ONLY

Check #: _____ Check Amt.: _____

Date Received: _____

Parent Signature