

**SCHOOL OF FAITH
SAINT MARY'S, STORM LAKE
2009 – 2010
Registration for Kindergarten through Grade 10**

Parent(s) Responsible for child _____

Address _____ City _____ ZIP _____

Home Phone _____ Mother Cell Phone _____ Father Cell Phone _____

E-mail is used only to notify you of cancellations or other important information. Please put only the ones you want to use in those circumstances.

Home E-mail _____ Work E-mail _____ Father or Mother – circle one

EMERGENCY CONTACT: Please give us the name of a friend or relative we could contact if we are unable to reach you in an emergency.

Name _____ Phone _____ Relation _____

	Child 1	Child 2	Child 3	Child 4
Child's First Name				
Child's Last Name				
Grade in school				
Date of Birth				
Male / Female	M / F	M / F	M / F	M / F
Baptized	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Received 1 st Reconciliation	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Received 1 st Communion	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Received Confirmation	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Any Physical or Learning Disabilities?				

I hereby grant permission for the students named above to participate in approved parish functions and faith experiences which are a part of the parish Religious Education program throughout the coming year.

Parent Signature X _____ Date _____

Preferred Class Time ____ 5:30 – 6:30 p.m. ____ 7:00 – 8:00 p.m.
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FEES: \$50 – 1 child

\$75 – 2 children

\$100 – 3 or more

Due from previous years _____

Total amount due: _____

Total amount paid: _____ Cash _____

Balance Due: _____ Check # _____