

**2013-2014, SS Joseph & Cabrini
Religious Education Program Registration
Kindergarten – 12th**

Parents Name:(Both Father & Mother) _____

Address _____

Home or Cell Phone _____

Emergency Phone Contact(if different from above) _____

E-mail address _____

Best way to contact _____ **When** _____

Student _____ **Grade Level** _____

Student _____ **Grade Level** _____

Student _____ **Grade Level** _____

Student _____ **Grade Level** _____

Please list any medical conditions the teachers should be aware of: _____

Special needs or notes to teachers: _____

Names of individuals other than parents authorized to pick your child up from class: _____

Would anyone in your household be willing to help with the program?

Names _____
