



# Sunday School Registration 2010-2011

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Please fill out front and back and return

**FAMILY'S LAST NAME:** \_\_\_\_\_

**Father's full name:** \_\_\_\_\_

**Mother's full name:** \_\_\_\_\_

**PRIMARY address:** \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

**E-mail address** (primary form of communication): \_\_\_\_\_

**Does child live in two different households? Please circle: YES NO**

**SECONDARY address:** \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

**E-mail address** (primary form of communication): \_\_\_\_\_

**PERSON TO BE CONTACTED IN CASE OF AN EMERGENCY (other than parent)**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

**NAMES OF CHILDREN TO BE REGISTERED:**

Name: \_\_\_\_\_ Age (by 9/1): \_\_\_\_\_ Fee: \_\_\_\_\_

Name: \_\_\_\_\_ Age (by 9/1): \_\_\_\_\_ Fee: \_\_\_\_\_

**Total tuition:** \_\_\_\_\_

**TUITION FEE PER CHILD: \$150**

**LATE FEE: \$25.00 per child after June 1, 2010**

**TUITION MUST BE PAID IN ORDER TO CONFIRM ENROLLMENT**

Tuition includes \$25 non-refundable administration fee per child. Tuition assistance is available for families: contact the Director of Child Faith Formation for details.

Please continue on page 2 ➡

Office use only:

Check Number: \_\_\_\_\_ Check Amount: \_\_\_\_\_ Rec. By: \_\_\_\_\_ Posted: \_\_\_\_\_

**2010-2011**

# SUNDAY SCHOOL REGISTRATION FORM

## 9:15 a.m. or 11:15 a.m.

Ages 3, 4, and 5 (Kindergarten) by Sept. 1, 2010

FIRST CHILD: \_\_\_\_\_ Male Female

Nick Name: \_\_\_\_\_ In Kindergarten? Yes No

Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ by Sept. 1, 2010

Circle class time: 9:15 a.m. 11:15 a.m.

My son / daughter has these learning, social, and/or medical needs:

\_\_\_\_\_

SECOND CHILD: \_\_\_\_\_ Male Female

Nick Name: \_\_\_\_\_ In Kindergarten? Yes No

Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ by Sept. 1, 2010

Circle class time: 9:15 a.m. 11:15 a.m.

My son / daughter has these learning, social, and/or medical needs:

\_\_\_\_\_

THIRD CHILD: \_\_\_\_\_ Male Female

Nick Name: \_\_\_\_\_ In Kindergarten? Yes No

Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ by Sept. 1, 2010

Circle class time: 9:15 a.m. 11:15 a.m.

My son / daughter has these learning, social, and/or medical needs:

\_\_\_\_\_

W I give permission for my children's image, photo, or video coverage (without their names) to be displayed (including the parish website) for purposes that are related to parish activities.

W I give permission for my children to use hand sanitizer.

Parent / Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_