

ST. ALBERT THE GREAT RELIGIOUS EDUCATION ANNUAL FAMILY REGISTRATION FORM FOR YEAR 2018/2019

**4855 Parker
Dearborn Heights, Michigan 48125
(313) 292-9370**

Please **PRINT INFORMATION** in full:

Parent's Name: _____ Address: _____ City/State/Zip Code: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____ EMAIL: _____

Emergency Contact: Name: _____ Phone: _____ Relationship to Child(ren): _____

I am a member St. Albert the Great Parish _____ I am not a member my parish is: _____

Did your children participate in faith formation last year? ____ Yes ____ No if not at St. Albert the Great specify location: _____

My Child(ren) are in grade(s) 1 through 8 – I would like them to be registered in the following Religious Education Programs (Check all that apply):

_____ Tuesday Religious Ed	_____ Home School Option				
<u>Child's Full Name:</u>	<u>Date of Birth</u>	<u>School Grade September 2017</u>	<u>Date and Place of Baptism</u>	<u>If any 2017: Sacrament to celebrate</u>	<u>Public/Private School Attending</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Any additional information to help us in regard to your child(ren) – i.e. allergies, medical issues, learning needs, etc.:

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I am interested in volunteering for the following: _____ CATECHIST _____ CATECHIST ASSISTANT _____ SUBSTITUTE CATECHIST WHEN NEEDED

____ WOULD LIKE TO DISCUSS /MORE INFORMATION _____ ASSISTING SPECIAL EVENTS / PROGRAMS _____ SACRAMENT DAY RECEPTION HOSPITALITY AT CHURCH

*****OFFICE USE ONLY BELOW*****

Tuition Fee: _____ Sacrament Fee: _____ Balance from Previous Year: _____ Total Due: _____
 Payment: _____ Cash/Check # _____
 Additional Payment information Date: _____ Amount: _____ Cash/Check # _____
 Date: _____ Amount: _____ Cash/Check # _____ Balance Due: _____