Please Print Clearly:

Email reledakaccd@comcast.net

Student Registration	Gender M/F	RE Level Entering Sept. 2017
Student Name		Берг. 201 7
Student Name		
Student Name		
Mailing Name		
Address		
City, State Zip		
Primary Phone Number	(Incl. Area Code)	
Secondary Phone Number	(Incl. Area Code	
Contact Email Address		
Mother's Full Name		
Father's Full Name		
Marital Status		
Rates		
1 Child \$125.00		
2 Children \$200.00		
3 Children * \$250.00		

If you are experiencing financial difficulty please contact Sr. Vilma at 856-845-5251, to discuss your situation. Please do not let this keep you from registering your children we will work with you.

Please list student's first name then 1st and 2nd preference for class choice

Summer Session Aug. 7th – 18th

Level 3-8 Class Size is limited and will be filled on First Come First Serve Basis

			Student 1	Student 2	Student 3
First Name				·	
Mon. – Fri.	9:30AM – 12	2:30 PM			
			~ ~		
Fall Session	- Open House Si	unday, Sep. 17 th - Class	es Start Sept. 18th		
Level 1 - 6	Sunday	8:30 – 9:45 AM			
Level 1 - 7	Monday	4:30 – 5:45 PM			
Level 7 - 8	Monday	6:45 – 8:00 PM			
Level 8	Thursday	6:15 – 7:30 PM		·	
Grade 1 Registration Only - Church of Baptism		Birth Date _			

If Church is not St. Margaret or St. John Vianney please include copy of Baptismal Certificate

^{*4} children or more, a \$25.00 book fee per child will apply.

Infant Jesus Parish Religious Education 2017-2018 Phone 856-845-5251 ext. 106 Email reledakaccd@comcast.net

Please Print Clearly:

Special Conditions: Please note any concerns we should be aware of: Medical Conditions, Learning

Disabilities, Food Allergies, etc	
Student Name	
Student Name	
Student Name	

Return Form with fee to: Infant Jesus Parish Religious Education Office c/o 334 Beech Avenue Woodbury Hts., NJ 08097

Or place the form in an envelope and put in the collection basket.

Please Mark "ATT. RELIGIOUS EDUCATION"