

**SAINT ALOYSIUS GONZAGA
PARISH SCHOOL OF RELIGION
REGISTRATION 2011/2012**

Please check day and time desired

- Sunday 10:00-11:05AM (classes begin September 18, 2011)
Grades 1-8
- Sunday 9:00am -9:45am (classes begin September 25, 2011)
Pre-school 3, 4, 5 year-olds

Children live with? Both parents Father Mother Other _____

Family Last Name _____ St. Al's Parish Registration # or name of different parish belong to _____

Address _____ City _____ Zip _____ Email _____

Father/Legal Guardian _____ Religion _____

Mother/Legal Guardian _____ Religion _____

Home Phone _____ Father's work or cell _____ Mother's work or cell _____

Emergency Phone _____ Name/Relationship _____

School Child Attends _____

PARENT SIGNATURE _____

PLEASE COMPLETE STUDENT INFORMATION ON THE OTHER SIDE OF THE FORM

Non-refundable registration fee:

- Elementary - Grades 1-8: \$65.00 for one; \$85.00 for two; \$105.00 for three or more.
- Pre-school – 3,4,5 year-olds: \$40.00 per student
- There will be a Sacrament Fee of \$20.00 for 2nd grade

After August 31, 2011, a late fee of \$15.00 will be charged

Make checks payable to:

Mail or put in collection basket

**St. Aloysius Gonzaga Parish/PSR
Attn: Debbie Baker
4366 Bridgetown Road
Cincinnati, OH 45211**

For Office use only: Initials _____	Total due: \$ _____
Date: _____	Amount Paid \$ _____
Method of Payment _____	Balance _____

REGISTRATION FORM – 2011/2012
Please complete one section for each student

#1. Full Name _____ Grade ___ Age ___

Birthdate _____ Place of Birth _____

Catholic Baptism? No ___ Yes ___ Other _____ Baptism Date _____

Church of Baptism _____ City _____ State _____

Date of Last Religious Education Class Attended _____ What church? _____

First Reconciliation? No ___ Yes ___ Church _____

First Communion? No ___ Yes ___ Church _____

Confirmation? No ___ Yes ___ Church _____

Is there a medical condition, allergy or learning or physical disability we should know about?
No ___ Yes ___ If yes, please explain _____

#2. Full Name _____ Grade ___ Age ___

Birthdate _____ Place of Birth _____

Catholic Baptism? No ___ Yes ___ Other _____ Baptism Date _____

Church of Baptism _____ City _____ State _____

Date of Last Religious Education Class Attended _____ What church? _____

First Reconciliation? No ___ Yes ___ Church _____

First Communion? No ___ Yes ___ Church _____

Confirmation? No ___ Yes ___ Church _____

Is there a medical condition, allergy or learning or physical disability we should know about?
No ___ Yes ___ If yes, please explain _____

#3. Full Name _____ Grade ___ Age ___

Birthdate _____ Place of Birth _____

Catholic Baptism? No ___ Yes ___ Other _____ Baptism Date _____

Church of Baptism _____ City _____ State _____

Date of Last Religious Education Class Attended _____ What church? _____

First Reconciliation? No ___ Yes ___ Church _____

First Communion? No ___ Yes ___ Church _____

Confirmation? No ___ Yes ___ Church _____

Is there a medical condition, allergy or learning or physical disability we should know about?
No ___ Yes ___ If yes, please explain _____