

St. Margaret's Religious Education
203 Roxboro Road
Mattydale, New York 13211
455-2203

**Religious Education Registration Form
2011-2012 School Year**

SUNDAY MORNING _____ MONDAY EVENING _____

Name _____
 First **Middle** **Last**

Address _____
 Street **City** **Zip**

Telephone (Home) _____ Cell _____ *** Email _____

Father's Name _____ Child's Date of Birth _____

Mother's Full Name (including Maiden) _____

BAPTISM: _____
 Date **Church** **City/State**

FIRST EUCHARIST: _____
 Date **Church** **City/State**

FIRST RECONCILIATION: _____
 Date **Church** **City/State**

CONFIRMATION: _____
 Date **Church** **City/State**

KNOWN ALLERGIES:

SPECIAL NEEDS OF YOUR CHILD:

*** Please include an email address if you have one. Much correspondence will be done via email.

Grade attending in September 2011 _____
School attending in September 2011 _____
Registration Fee: \$40.00 per child (after July 15, 2011)
Education Program
(\$80.00 per family: 3 or more children)

Please make checks payable to:
St. Margaret's Religious