

# ST. EDITH RELIGIOUS EDUCATION REGISTRATION 2022-2023



Phone: (734) 464-2020

Email: religiouseducation@stedith.org

Website: www.stedith.org

If child is new to St. Edith's program, please submit a copy of child's baptismal certificate.

## Class Options

Sunday 9:45-10:45 am K-8, Special Needs  
Monday 5:00-6:00 pm K-6  
Monday 6:30-7:30 pm 7-8

**\*\* PLEASE COMPLETE  
EMERGENCY FORM ON BACK**



Student Name (First & Last)	Gender (M/F)	Birthdate (mm/dd/yy)	Grade 22-23	Baptized (Y/N)	School Student will attend in 22-23	Class Option (Sun/Mon)	<b>NOTES</b> Missed Sacraments/Special Needs

Father's First/Last Name	Father's Cell Phone	Mailing Address
Mother's First/Last Name	Mother's Cell Phone	City, ST Zip

**Current Parish of Registration** \_\_\_\_\_

It is assumed that we have permission to use your child's photos in church bulletin, website, and other communication materials. Contact us if you do not consent to the use of photos.

<b><u>Emergency Contact Name</u></b>	<b><u>Emergency Contact Cell Number</u></b>	<b><u>Primary Email Address</u></b> (will be used for RE Correspondence)

Payment Options		RELIGIOUS EDUCATION TUITION
<input type="checkbox"/> CASH <input type="checkbox"/> CREDIT CARD Card # _____	<input type="checkbox"/> CHECK # _____ CVV _____ ZIP _____ EXP (MM/YY) _____	In Parish: \$125 – 1 child, \$195 – 2+ children Out of Parish: \$150 – 1 child, \$200 – 2+ children  <b>Office Use ONLY</b> In / Out Parish _____ Date Amount Payment Type Rec'd by

**ST. EDITH Religious Education  
FAMILY EMERGENCY INFORMATION  
2022-2023**

FAMILY NAME: \_\_\_\_\_

1	Child's Last Name	First Name
	Allergy Information	Illness Information
2	Child's Last Name	First Name
	Allergy Information	Illness Information
3	Child's Last Name	First Name
	Allergy Information	Illness Information
4	Child's Last Name	First Name
	Allergy Information	Illness Information

**In case of an accident or serious illness, I request St. Edith Religious Ed contacts parent and/or emergency contact. If St. Edith Religious Ed cannot reach these contacts, I hereby authorize St. Edith Religious Ed to contact the physician indicated below. If it not possible to contact the physician, St. Edith Religious Ed may make whatever arrangements necessary.**

Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Physician Name: \_\_\_\_\_

Physician's Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Hospital of Choice: \_\_\_\_\_

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Date**